





		GLAN CLWYD
CID -	1	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	
Ш	Please continue with Question 2
No	Diagram to Continu 2 on Daga F
Ш	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



	1

3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes	Please complete A then B or C below
No	Please go to Section 2
/	/ OR
/	/ OR



Section 2



Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



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3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
	Did you have this:	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No
		☐ Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was
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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7. ease describe the symptom	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



1

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Version:- 2.1 08/01/2009



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	Ī
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

Yes



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12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	

13. About smoking

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



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	Ι Τ

15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher -	Post-compl	otion	Shoot
Researcher -	Post-comb	letion	Sneet

1
Researcher - Post-completion Sheet Researcher initials:
Date questionnaire completed: Date
If not completed, give reason
How long is it since the patient was told of his/her diagnosis?
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes For the patient selected to complete the questionnaire on their own Did the patient ask for any help? If yes, please specify what help was requested
please specify what help was given
For the patient selected for the researcher-administered questionnaire
Did the patient find any of the questions difficult? Yes No If yes, please specify which questions and what the difficulty was

If yes, please give details

Yes No

Where did the patient complete the questionnaire?

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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Was the patient made anxious?

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Dear Patient

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Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

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Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



	2

3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
1.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2



Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



	2

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



	2

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
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If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
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Please go to Question 8



2

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

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	Unemployed (seeking work)	
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	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



2

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	П
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	П
White & Black African	Ħ
White & Asian	Ī
Other mixed background	\Box
Black or Black British or	
Carribean	
African	Ħ
Other Black background	\Box
Asian or Asian British	
or Indian	П
Pakistani	
Bangladeshi	Ħ
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Yes	
	Please go to Question 12

Please say who you live with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
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Previous cancer	
Diabetes	
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13. About smoking

Please cross the appropriate statement

Are you a current smoker?

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Version:- 2.1 08/01/2009





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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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⁵⁷⁷²⁷ esearcher - Post-completior	n Sheet Researcher initials:
Date questionnaire completed:	Date / / Time :
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
Did the patient ask for any If yes,	es tes plete the questionnaire on their own
please specify wha	t help was given
For the patient selected for the	researcher-administered questionnaire
Did the patient find any of t If yes, please specify which	the questions difficult?

Was the patient made anxious? Yes No If yes,

please give details

Where did the patient complete the questionnaire?

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

	3

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2	
No	Please go to Section 2 on Page 5	
Please go to Question 3		

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



Change	in b	owel	habit
--------------------------	------	------	-------

Did you have this symptom?

Please complete A then B or C below
No
Please go to Question 4

When did you first notice
this?

When did you first tell your
GP or nurse?
OR
C Put a cross here if you
didn't tell your GP or nurse

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes Please complete A then B or C below No Please go to Section 2
/ OR



Section 2

3

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



	3

Fatigue or tiredness that is unusual for you	Yes		
Did you have this?	No Please go to Question 4		
When did you <u>first notice</u> this?	/ OR		
When did you <u>first tell</u> your GP or nurse?	/ OR		
Put a cross here if you didn't tell your GP or nurse			
Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5		
When did you <u>first notice</u> this?	/ OR		
When did you <u>first tell</u> your GP or nurse?	/ OR		
Put a cross here if you didn't tell your GP or nurse			
Please try and describe what th	ne feeling was		
	is unusual for you Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse Feeling different 'in yourself' from usual Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse		



	3

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
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Please cross the appropriate boxes

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	Blood test(s)			
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	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

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8.	Which best describes your employment status?	
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	Employed part-time	
	Self employed full-time	
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	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	П
Mixed	
or White & Black Carribean White & Black African White & Asian Other mixed background	
Black or Black British	
or Carribean African Other Black background Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go	to	Question	12
-----------	----	----------	----

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	

13. About smoking

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



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15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initials:	
// Time	

Date questionnaire completed:	Date		/	Time	-
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patien Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes For the patient selected to con Did the patient ask for any If yes, please specify wha	res utes uniquest	ionnaire on t		□ No	
please specify wh	at help was give	en			
For the patient selected for the	researcher-ad	ministered qu	ıestionna	<u>re</u>	
Did the patient find any of If yes, please specify which	·		☐ Yes	□ No as	
Was the patient made anxious If yes, please give details	?		Yes	□ No	
Where did the patient complet (Please specify whether this we the ward or other	•		, in a cori	ner of the c	linic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

<u>Yes</u>	
Ш	Please continue with Question 2
No	
	Please go to Section 2 on Page 5
	,
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change in bowel habit	
•	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
1.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

|--|

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



	4

3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



	4

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
wise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7. ease describe the symptom	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



	4

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	4
--	---

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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4

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Ä
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

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Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	
Please cross the appropriate statement	

13

Please cross the appropriate statement

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?



4

15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
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6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion	n Sheet	Researc	her initial	s:	
Date questionnaire completed:	Date [/	/	Time	-
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patien Less than 5 minutes Between 5 and 10 minu Between 11 and 15 min Longer than 15 minutes	tes utes	he questionr	naire?		
For the patient selected to con	nplete the ques	stionnaire on	their own		
Did the patient ask for any If yes,			☐ Yes	□No	
please specify wha	at help was req	quested			
please specify wh	at help was giv	/en			
For the patient selected for the	e researcher-ac	dministered o	questionnai	<u>re</u>	
Did the patient find any of	the questions	difficult?	Yes	☐ No	
If yes, please specify whi	ch questions a	nd what the	difficulty wa	as	

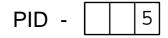
Was the patient made anxious? Yes No If yes, please give details

Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009









		GLAN CLWYD
CID	_	GWYNEDD
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Confidential Questionnaire



Looking At Your Symptoms Study
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Dear Patient

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I hope the information you supply will help us give people a diagnosis earlier.

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Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2	
No	Please go to Section 2 on Page 5	
Please go to Question 3		

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



|--|--|

3.	Change	in	bowel	habit
·J-	Change	•••		HUDIL

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes	Please complete A then B or C I	pelow
No	Please go to Section 2	
/[/ OR	
/	/ OR	



Section 2

|--|

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



5

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



	5

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

			-
			-
When did yethis?	ou <u>first notice</u>	/ OR	
When did your GP or nurse OR	ou <u>first tell</u> your e?	/ OR	
Put a cross	here if you our GP or nurse		
rwise go t	o Question 7.	ou feel is relevant, please write it below, m here and complete A then B or C below	
rwise go t	o Question 7.		
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
erwise go to	o Question 7.		-
erwise go to ease described when did you this?	o Question 7. Tibe the sympton Ou first notice Ou first tell your	m here and complete A then B or C below	-

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



|--|--|

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any or these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



5

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	•
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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5

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	П
Mixed or	
White & Black Carribean	
White & Black African	Ħ
White & Asian	П
Other mixed background	
Black or Black British or	
Carribean	
African	П
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

	١.
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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go t	o Question 12

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	

13. About smoking

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

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1.	I feel calm				
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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*****	****			

Researcher	- Post-comp	letion	Sheet
NESEALCHEL	- FUSI-CUIII	NEUDII	SHEEL

			5
⁵⁷⁷²⁷ esearcher - Post-completio	<u>n Sheet</u> Re	searcher initial	s:
Date questionnaire completed:	Date	//	Time
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patien Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes For the patient selected to com Did the patient ask for any If yes, please specify wha	es	aire on their own □ Yes	□ No
please specify what	at help was given		
For the patient selected for the	researcher-adminis	tered questionnai	<u>re</u>
Did the patient find any of If yes,	the questions difficu	lt? ☐ Yes	☐ No
please specify which	ch questions and wh	at the difficulty wa	as
Was the patient made anxious	?	☐ Yes	

Where did the patient complete the questionnaire?

please give details

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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If yes,









		GLAN CLWYD
CID -	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
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Dear Patient

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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



6

3. Change in bowel hat	oit
------------------------	-----

Did you have this symptom?

Please complete A then B or C below
No
Please go to Question 4

When did you first notice
this?

When did you first tell your
GP or nurse?
OR
C Put a cross here if you
didn't tell your GP or nurse

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?

 OR

C Put a cross here if you didn't tell your GP or nurse

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]

Please complete A then B or C below

Νo

Please go to Section 2

____ / ____ / ____ OR

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				L



Section 2

|--|

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



	6
	U

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Wana (((() 0			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



		6
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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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6

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	Ħ
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Ħ
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



6

15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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h	. / /	') /		

Researcher	- Post-com	nletion	Sheet

Date questionnaire completed:

If not completed, give reason

How long is it since the patient was told of his/her diagnosis?

Researcher initials:	
// Time	

Yes

☐ No

How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes

For the patient selected to complete the questionnaire on their own

Did the patient ask for any help? ☐ Yes ☐ If yes,			
	please specify what help was requested		
	please specify what help was given		

Date

For the patient selected for the researcher-administered questionnaire

Did the patient find any of the questions difficult?

If yes, please specify which questions and what the difficulty was

Yes No If yes, please give details

Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

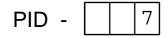
Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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Was the patient made anxious?

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	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Yes Please continue with Question 2	
No	Please go to Section 2 on Page 5	
	Please go to Question 3	

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



	7

3.	Change in bowel habit	
0.	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back	
7.	passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2



Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



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3.	Fatigue or tiredness that is unusual for you	Voc
	Did you have this?	Yes Please complete A then B or C below
	Did you have this:	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



|--|

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

			_
			-
When did yethis?	ou <u>first notice</u>	/ OR	
When did your GP or nurse OR	ou <u>first tell</u> your e?	/ OR	
Put a cross	here if you our GP or nurse		
rwise go t	o Question 7.	ou feel is relevant, please write it below, m here and complete A then B or C below	
rwise go t	o Question 7.		
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
erwise go to	o Question 7.		-
erwise go to ease described when did you this?	o Question 7. Tibe the sympton Ou first notice Ou first tell your	m here and complete A then B or C below	-

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any or these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



7

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	П
Mixed	
or White & Black Carribean	
White & Black African	П
White & Asian	П
Other mixed background	П
Black or Black British or	
Carribean	
African	П
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

Yes



7

12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma			
Chronic Obstructive Pulmonary Disease (COPD)			
Other lung disease (e.g. fibrosis, bronchiectatis etc)			
Heart disease			
Anxiety or depression			
Inflammatory bowel disease			
Irritable bowel syndrome			
Peptic ulcer			
Previous cancer			
Diabetes			
Arthritis			
- About smoking			

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



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15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher	- Post-comp	letion	Sheet
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⁵⁷⁷²⁷ Researcher - Post-completic	n Sheet	Res	earcher initia	ıls:	
Date questionnaire completed:	Da	te /		Time	-
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes For the patient selected to condid the patient ask for any of the patient ask for any of the patient specify what	tes Cutes Conplete the y help?]]]] questionnai		□No	
please specify wh	at help wa	s given			
For the patient selected for the	e research	er-administe	ered questionna	aire_	
Did the patient find any of If yes,	the quest	ons difficult	?	☐ No	
please specify whi	ch questio	ns and wha	t the difficulty w	/as	
Was the patient made anxious	5?		☐ Yes	☐ No	

Where did the patient complete the questionnaire?

please give details

If yes,

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

8

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



8

3.	Change in bowel habit	
•	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
1.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

		8
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



	8

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



	8

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



8

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	•
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



8

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Ä
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please	go	to	Question	12
--	--------	----	----	----------	----

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	

13. About smoking

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?



8

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3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initials:		

Pate questionnaire completed:		Date]/ 🗌	/	Time	-
f not completed, give reason						
How long is it since the patient was told of his/her diagnosis?						
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes utes					
For the patient selected to come Did the patient ask for any If yes, please specify what	help?	•		their own Yes	□No	
please specify who			nistered c	juestionna	ire	
Did the patient find any of If yes, please specify which				☐ Yes	□ No as	
Was the patient made anxious If yes, please give details				☐ Yes	□ No	
Where did the patient complete (Please specify whether this we the ward or other	•			e, in a cori	ner of the clir	nic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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		GLAN CLWYD
CID -	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK











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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

9

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

<u>Yes</u>	
Ш	Please continue with Question 2
No	
	Please go to Section 2 on Page 5
	,
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2



Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



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3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

			_
			-
When did yethis?	ou <u>first notice</u>	/ OR	
When did your GP or nurse OR	ou <u>first tell</u> your e?	/ OR	
Put a cross	here if you our GP or nurse		
rwise go t	o Question 7.	ou feel is relevant, please write it below, m here and complete A then B or C below	
rwise go t	o Question 7.		
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
erwise go to	o Question 7.		-
erwise go to ease described when did you this?	o Question 7. Tibe the sympton Ou first notice Ou first tell your	m here and complete A then B or C below	-

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



9

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	•
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed or	
White & Black Carribean	
White & Black African	Ī
White & Asian	П
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go t	o Question 12
-------------	---------------

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
About smoking	

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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		С			
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Researcher - Post-completion Sheet

Date questionnaire completed:

If not completed, give reason

How long is it since the patient

Researcher initials:		
//	, [

Yes

Yes No

☐ No

was told of his/her diagnosis?

How long did it take the patient to complete the questionnaire?

Less than 5 minutes

Between 5 and 10 minutes

Between 11 and 15 minutes

Longer than 15 minutes

For the patient selected to complete the questionnaire on their own

Did the If yes,	e patient ask for any help?	☐ Yes	☐ No
•	please specify what help was requested		
	please specify what help was given		

Date

For the patient selected for the researcher-administered questionnaire

Did the patient find any of the questions difficult?

If yes,
please specify which questions and what the difficulty was

If yes,
please give details

Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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Was the patient made anxious?

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PID - 1 0





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
- D_				

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

1	0
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



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_	

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you first notice	
this? When did you <u>first tell</u> your	
GP or nurse?ORPut a cross here if you	
didn't tell your GP or nurse	
erwise go to Question 7.	n here and complete A then B or C below
erwise go to Question 7.	
ease describe the symptom When did you first notice	h here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



1 0

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

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The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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1 0

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean White & Black African	
White & Asian	H
Other mixed background	H
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	
Vac	

11. Do you live alone?	Yes No	Please go to Question 12 Please say who you live with below
Who do you live with? (e.g. wife, husband, partner, family		

member)



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc	;) <u> </u>
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

		 -
Researcher initials:		

	<u> </u>			
Date questionnaire completed:	Date	/	Time	-
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minute Longer than 15 minutes	es ites ites			
For the patient selected to com Did the patient ask for any If yes, please specify wha	help?	<u>Titleli Owli</u> ☐ Yes	□ No	
please specify what the patient selected for the		questionna	ire	
Did the patient find any of If yes, please specify which	•	☐ Yes	□ No as	
Was the patient made anxious of the patient made anxious o	?	☐ Yes	□ No	
Where did the patient complete (Please specify whether this wathe ward or other		ne, in a cori	ner of the clin	nic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 11





		GLAN CLWYD
CID -	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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Т	T

3.	Change	in	bowel	habit
- D_				

O.		
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	



Section 2

|--|

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



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3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
		I loade go to question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
_	Facility of different time	
4.	Feeling different 'in yourself' from usual	Vac
	yoursen from usual	Yes Please complete A then B or C below
	Did you have this?	No
		Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



-	-

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7. ease describe the symptom	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
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	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question	12
Please say who you liv with below	е

Yes

No



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at	Yes

your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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Researcher initials:]

esearcher - Post-completio	<u> </u>	iteseai	Cite iiiitia	·
Date questionnaire completed:	Date		/	Time
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patier Less than 5 minutes Between 5 and 10 minu Between 11 and 15 minutes Longer than 15 minutes	utes utes	e the questior	nnaire?	
For the patient selected to cor	-	<u>iestionnaire o</u>		_
Did the patient ask for an If yes,	y help?		☐ Yes	☐ No
please specify wh	at help was r	equested		
please specify wh	at help was (given		
For the patient selected for the	e researcher-	-administered	questionna	<u>ire</u>
Did the patient find any o	f the question	ns difficult?	☐ Yes	☐ No
please specify wh	ich questions	and what the	e difficulty wa	as
Was the patient made anxious lf yes, please give details			☐ Yes	□ No
Where did the patient comple (Please specify whether this ward or other			one, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 1 2





		GLAN CLWYD
CID	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK







Version:- 2.1 08/01/2009 Page 1 of 14



Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

1	2
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below
Α	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



1 2

3. Change in bowel hab	it
------------------------	----

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR

OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

1	2
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1	2

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



1	2
_	

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



1 2

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you could far any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



1 2

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed or	
White & Black Carribean	
White & Black African	Ī
White & Asian	П
Other mixed background	Ī
Black or Black British	
Carribean	
African	П
Other Black background	П
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
Chinese	
Other ethnic group	

•

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

J	Please go to Question 12
)]	Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	

14. Do you think you were more at risk of getting cancer because of your family history?

Are you an ex-smoker?

Are you a non-smoker (never smoked)?

Yes

No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

		J	1.
Researcher initials:			

Date questionnaire completed: Date Date	
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	
For the patient selected to complete the questionnaire on their own	
Did the patient ask for any help? ☐ Yes ☐ No If yes,	
please specify what help was requested	
please specify what help was given	
For the patient selected for the researcher-administered questionnaire	
Did the patient find any of the questions difficult? Yes No If yes,	
please specify which questions and what the difficulty was	
Was the patient made anxious? ☐ Yes ☐ No If yes,	
please give details	
Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the	ne clinic,
the ward or other	

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 1 3





	GLAN CLW	YD
CID -	GWYNEDD	
	MAELOR	

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK







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Dear Patient

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



1 3	
-----	--

3.	Change	in	bowel	habit
- D_				

-	_	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
. .	Bleeding from back passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1 3	
-----	--

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



1 3

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



1 3

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



1 3

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	T
Mixed	
or White & Black Carribean	
White & Black African	Ħ
White & Asian	T
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

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Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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esearcher - Post-completion	n Sheet	Researc	her initial	s:
Date questionnaire completed:	Date	/	/	Time
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes 🗆	he questionn	aire?	
For the patient selected to con	nplete the que	stionnaire on	their own	
Did the patient ask for any	/ help?		☐ Yes	□No
If yes, please specify wha	at help was red	quested		
please specify wh	at help was giv	/en		
For the patient selected for the	researcher-a	dministered o	juestionnai	<u>re</u>
Did the patient find any of If yes,	the questions	difficult?	☐ Yes	☐ No
please specify whi	ch questions a	and what the o	difficulty wa	as
Was the patient made anxious			☐ Yes	
If yes,				110
please give details				
Where did the patient complet (Please specify whether this we the ward or other	•		e, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 1 4





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

1	4
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



1 4

3. Change in bowel hab	it
------------------------	----

C	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
	When did you <u>first notice</u> his?	/ OR
C F	When did you <u>first tell</u> your GP or nurse? DR Put a cross here if you <u>lidn't tell</u> your GP or nurse	/ OR

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes	Please complete	A then B or C below
No	Please go to Sec	tion 2
/	/ OR	
/	/ OR	



Section 2

1	4
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1	4
---	---

3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



1 4

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
wise go to Question 7.	
wise go to Question 7.	
wise go to Question 7.	
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rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



1 4

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



|--|

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



1 4

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	Ħ
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (CO	PPD)
Other lung disease (e.g. fibrosis, bronchiecta	itis etc)
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statem	ent
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion	Sheet Re	searcher initia	ls:
Date questionnaire completed:	Date	//	Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	s 🗆	estionnaire?	
For the patient selected to <u>comp</u> Did the patient ask for any h If yes, please specify what	nelp?	☐ Yes	□No
please specify what	help was given		
For the patient selected for the r	esearcher-adminis	tered questionna	 <u>ire</u>
Did the patient find any of the lf yes, please specify which			□ No as
Was the patient made anxious? If yes, please give details		☐ Yes	□ No

Where did the patient complete the questionnaire?

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 1 5





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



1 5	
-----	--

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
•	Bleeding from back	
t.	Diccarrig irom back	V

passage

Did you have this symptom?

- A When did you first notice this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please complete A then B or C below
	Please go to Section 2
/	/ OR
/	/ OR



Section 2

1	5
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1 5	5
-----	---

3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse	/ OR
	Please try and describe what th	ne feeling was



 1	<u>ــــــــــــــــــــــــــــــــــــ</u>
	ر

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



1 5

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Wans was sant fan ans of these			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



1 5

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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1 5

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	
Mixed or	
White & Black Carribean	
White & Black African	Ħ
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	一
Bangladeshi	\Box
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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1		

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Ple	ase	go	to	Questi	on	12
				_		

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

A	sthma	
С	hronic Obstructive Pulmonary Disease (COPD)	
O	other lung disease (e.g. fibrosis, bronchiectatis etc)	
Н	eart disease	
A	nxiety or depression	
Ir	flammatory bowel disease	
lr	ritable bowel syndrome	
Р	eptic ulcer	
Р	revious cancer	
D	iabetes	
A	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Date questionnaire completed:

If not completed, give reason

How long is it since the patient was told of his/her diagnosis?

1 5
Researcher initials:
/ Time

How long did it take the patient to complete the questionnaire?

Less than 5 minutes

Between 5 and 10 minutes

Between 11 and 15 minutes

Longer than 15 minutes

please specify what help was requested

For the patient selected to <u>complete the questionnaire on their own</u>

Did the patient ask for any help?

If yes,

please specify what help was given

Date

For the patient selected for the researcher-administered questionnaire

Did the patient find any of the questions difficult?

Yes No If yes,

please specify which questions and what the difficulty was

Was the patient made anxious?

If yes,

please give details

Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

Page 14 of 14









	GLAN CLW	YD
CID -	GWYNEDD	
	MAELOR	

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

1 6

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



1	6
---	---

3. Change in bowel l	habit
----------------------	-------

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you first notice this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?

 OR

C Put a cross here if you didn't tell your GP or nurse

Yes Please complete A then B or C below No
Please go to Section 2
/ OR
/ OR
_



Section 2

1	6
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1 6

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



1	6

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



|--|

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you could far any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
Or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	H
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Do you live alone?

Please go to Question 12

No
Please say who you live with below

Who do you live with? (e.g. wife, husband, partner, family member)



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	

Please cross the appropriate statement

Are you a current smoker?

Are you an ex-smoker?

Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion	n Sheet	Researc	cher initial	ls:	
Date questionnaire completed:	Date	,/	/	Time .	
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	tes	e the question	naire?		
For the patient selected to con		uestionnaire or	n their own		
Did the patient ask for any If yes,	/ help?		☐ Yes	☐ No	
please specify wha	ıt help was r	equested			
please specify wh	at help was	given			
For the patient selected for the	researcher	-administered	questionnai	<u>ire</u>	
Did the patient find any of If yes,	the question	ns difficult?	☐ Yes	☐ No	
please specify whi	ch questions	s and what the	difficulty wa	as 	
Was the patient made anxious If yes, please give details			Yes	□ No	
Where did the patient complet	a the guesti	onnaire?			
(Please specify whether this w the ward or other	•		ne, in a corı	ner of the clini	ic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

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PID - 1 7





	GLAN CLW	YD
CID -	GWYNEDD	
	MAELOR	

Confidential Questionnaire



Looking At Your Symptoms Study
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Dear Patient

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Yours sincerely

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Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

1 7

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
.)_	Ollaligo	•••	80110 1	IIGNIC

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	



Section 2

1	7
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1	7
---	---

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



1	7

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Whe this?	en did you <u>first notice</u>	/ OR
	en did you <u>first tell</u> your or nurse?	/ OR
Put a	a cross here if you 't tell your GP or nurse	
rwis	se go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis Please	e describe the sympten did you first notice	
Please	e describe the sympten did you first notice	om here and complete A then B or C below
Vhe this?	e describe the sympten did you first notice	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any or these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?		
	Please cross one box only		
	Employed full-time		
	Employed part-time		
	Self employed full-time		
	Self employed part-time		
	Unemployed (seeking work)		
	Unemployed (not seeking work)		
	Retired		
	Student		
	Permanently sick/disabled		
	Temporarily sick/disabled		
	Looking after family/home		
	Other, please describe		
9.	What is your highest level of qualification?		
	Please cross one box only		
	Degree (or equivalent)		
	Diploma (or equivalent)		
	'A' level		
	GCSE / 'O' level		
	None		
	Other, please specify		



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

No
Please say who you live
with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

A	Asthma	
(Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
F	Heart disease	
A	Anxiety or depression	
l	nflammatory bowel disease	
I	rritable bowel syndrome	
F	Peptic ulcer	
F	Previous cancer	
	Diabetes	
Α	arthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion S	Sheet Researcher initials:
Date questionnaire completed:	Date / / Time :
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient to	complete the questionnaire?
Less than 5 minutes	
Between 5 and 10 minutes	
Between 11 and 15 minutes	
Longer than 15 minutes	

For the patient selected to complete the questionnaire on their own Did the patient ask for any help? ☐ Yes ☐ No If yes, please specify what help was requested please specify what help was given

For the patient selected for the researcher-administered questionnaire

Did the patient find any of the questions difficult? If yes, please specify which questions and what the difficulty was Was the patient made anxious? Yes No

please give details

Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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If yes,

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	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

1	8
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



1	8
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3.	Change	in	bowel	habit
J.	01141190	•••	201101	IIGNIC

•	<u>-</u>	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage	Yes
	Did you have this symptom?	Please complete A then B or C below No
		Please go to Section 2
A	When did you <u>first notice</u> this?	
A B		Please go to Section 2



Section 2

1	8
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В		/ OR



	1	8
1		

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



 1	8

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
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erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?					
	Were you sent for any or these:	Yes	Not sure	No	
	Blood test(s)				
	CT Scan				
	Ultrasound scan				
	Barium Enema				
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)				
	X-ray				

Please go to Question 8



|--|

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Ä
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

1	7	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion	Sheet	Researcher initials:
Date questionnaire completed:	Date	/
If not completed, give reason		
How long is it since the patient was told of his/her diagnosis?		

How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes

For the patient selected to complete the questionnaire on their own Did the patient ask for any help? ☐ Yes □ No If yes, please specify what help was requested please specify what help was given

For the patient selected for the researcher-administered questionnaire

If yes, please specify which questions and what the difficulty was Was the patient made anxious?

Did the patient find any of the questions difficult?

If yes, please give details

Yes No

Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 1 9





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

1 9

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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3.	Change	in	bowel	habit
J.	01141190	•••	201101	IIGNIC

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	



Section 2

1 9

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1	9

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



 1	9

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
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erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?				
• •	were you sent for any or these?	Yes	Not sure	No	
	Blood test(s)				
	CT Scan				
	Ultrasound scan				
	Barium Enema				
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)				
	X-ray				

Please go to Question 8



1	9
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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	Ä
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma		
Chronic Obstructive Pulmonary Disease (CO	PPD)	
Other lung disease (e.g. fibrosis, bronchiecta	itis etc)	
Heart disease		
Anxiety or depression		
Inflammatory bowel disease		
Irritable bowel syndrome		
Peptic ulcer		
Previous cancer		
Diabetes		
Arthritis		
13. About smoking		
Please cross the appropriate statem	ent	
Are you a current smoker?		
Are you an ex-smoker?		
Are you a non-smoker (never smoked)?		
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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Date questionnaire completed:	Date / _		Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes	es 🗆	nnaire?	
For the patient selected to com	plete the questionnaire	on their own	
Did the patient ask for any If yes,	help?	☐ Yes	□No
_	t help was requested		
please specify wha	at help was given		
For the patient selected for the	researcher-administered	d questionnai	<u></u> <u>re</u>
Did the patient find any of If yes,	the questions difficult?	☐ Yes	☐ No
•	ch questions and what th	e difficulty wa	NS
Was the patient made anxious	?	☐Yes	□ No
If yes,			
please give details			
Where did the patient complete	the questionnaire?		
(Please specify whether this wa	-	one, in a corn	ner of the clinic,
the ward or other			

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 2 0





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
- D_				

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
wise go to Question 7.	
wise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7. ease describe the sympton When did you first notice	
rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



10. How would you describe your ethnicity

Please cross one box only

White		
or White British		
White Irish		
Other White background		
Mixed or		
White & Black Carribean		
White & Black African		\Box
White & Asian		\Box
Other mixed background		\Box
Black or Black British or		
Carribean		
African		
Other Black background		
Asian or Asian British		
or Indian		
Pakistani		
Bangladeshi		
Other Asian background		
Chinese or other ethnic group		
or Chinese		
Other ethnic group		
	Yes	
Do you live alone?		to Question

member)

Who do you live with?

(e.g. wife, husband, partner, family

11.

Please say who you live

with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

А	sthma	
C	Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Н	leart disease	
А	nxiety or depression	
Ir	nflammatory bowel disease	
Ir	ritable bowel syndrome	
Р	eptic ulcer	
Р	revious cancer	
D	viabetes	
A	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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	Sheet Researcher initials:
ate questionnaire completed:	Date / / / Time
not completed, give reason	
low long is it since the patient as told of his/her diagnosis?	
How long did it take the patien Less than 5 minutes Between 5 and 10 minu Between 11 and 15 minutes	
For the patient selected to con	ete the questionnaire on their own
Did the patient ask for any If yes,	elp?
•	nelp was requested
please specify wh	help was given
For the patient selected for the	esearcher-administered questionnaire
Did the patient find any of If yes,	e questions difficult?
•	questions and what the difficulty was
Was the patient made anxious If yes,	☐ Yes ☐ No
please give details	

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

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PID - 2 1





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
.)_	Ollaligo	•••	80110 1	IIGNIC

•		
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u>	OR
	this?	
В		/OR



Section 2

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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



2	1

3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4		
Α	When did you <u>first notice</u> this?	/ OR		
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR		
С	Put a cross here if you didn't tell your GP or nurse			
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5		
Α	When did you <u>first notice</u> this?	/ OR		
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR		
С	Put a cross here if you didn't tell your GP or nurse			
	Please try and describe what the feeling was			



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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
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rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



2 1

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you could far any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



2 1

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



2 1

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean White & Black African	
White & Asian	
Other mixed background	
Black or Black British	
Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background	
Chinese or other ethnic group	
or	
Chinese	
Other ethnic group	
Yes	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 12	
Please say who you live with below	



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
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4.	I am relaxed				
5.	I feel content				
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Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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ate questionnaire completed:	Date	//	Time :
f not completed, give reason			
How long is it since the patient as told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minute Longer than 15 minutes	es 🗆	questionnaire?	
For the patient selected to com	plete the questic	onnaire on their ov	<u>wn</u>
Did the patient ask for any If yes,	help?	☐ Ye	es 🗆 No
please specify what	t help was reque	ested	
please specify wha	it help was giver	l	
For the patient selected for the	researcher-adm	inistered question	nnaire
Did the patient find any of the lift yes,	•		
please specify whic	h questions and	what the difficulty	/ was
Was the patient made anxious? If yes, please give details	?	<u></u> Y€	es 🗌 No

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PID - 2 2





		GLAN CLWYD
CID -	1	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3. Change in bowel habit

-	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

2	2
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



2	2
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3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	e
this?	
When did you <u>first tell</u> yo GP or nurse? OR	our
Put a cross here if you didn't tell your GP or nurs	se 🗆
rwise go to Question	om you feel is relevant, please write it below, 7. nptom here and complete A then B or C below
erwise go to Question	7.
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erwise go to Question	7.
erwise go to Question	nptom here and complete A then B or C below
Please describe the syn When did you first notice	nptom here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



2 2

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



2 2		4	
-----	--	---	--

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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2 2

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Н
Other White background	\Box
Mixed	
or White & Black Carribean	
White & Black African	П
White & Asian	П
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Q	uestion 12
Please say who	o vou live

with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion	n Sheet	<u>t</u>	Researc	her initial	s:
Date questionnaire completed:	С	Date	/	/	Time
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes utes	olete the	questionn	aire?	
For the patient selected to cor	nplete the	e questic	nnaire on	their own	
Did the patient ask for any	y help?			☐ Yes	☐ No
If yes, please specify wha	at help wa	as reque	sted		
please specify wh	at help w	as given			
For the patient selected for the	e researc	her-adm	inistered o	uestionnai	i <u>re</u>
Did the patient find any of If yes,	the ques	stions dif	ficult?	Yes Yes	☐ No
please specify whi	ch questi	ons and	what the	difficulty wa	as
Was the patient made anxious	s?			☐ Yes	□ No
If yes,					
please give details					
Where did the patient complete	•				
(Please specify whether this we the ward or other	as in a s	eparate	room alon	e, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 2 3





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

2	3

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes
	Did you have this symptom?	Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	d d / mm / y y OR Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR Estimate
С	Put a cross here if you didn't tell your GP or nurse	



2	Change	in bowe	l hahit
3	Change	III bowe	i Habit

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

|--|

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



2 3

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
Τ.	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



2	3

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



2	3
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Wana was agent fan ans af thaaa0			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



|--|

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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2 3

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	П
White Irish	П
Other White background	
Mixed	
or White & Black Carribean White & Black African White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 12
Please say who you live
with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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<u>esearcher - Post-completio</u>	<u>n Sheet</u> Researd	cher initia	ls:
Date questionnaire completed:	Date / /	/	Time [
f not completed, give reason			
How long is it since the patient [was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minut Between 11 and 15 minutes Longer than 15 minutes	tes	naire?	
For the patient selected to com	nplete the questionnaire o	n their own	
Did the patient ask for any If yes,	•	☐ Yes	□No
	at help was requested		
please specify wha	at help was given		
For the patient selected for the	researcher-administered	questionna	i <u>re</u>
Did the patient find any of If yes,	the questions difficult?	☐ Yes	☐ No
· ·	ch questions and what the	difficulty w	as
Was the patient made anxious If yes,	?	□Yes	□ No
please give details			
Where did the patient complete (Please specify whether this w the ward or other	•	ne, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 2 4





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
J.	01141190	•••	201101	IIGNIC

•	<u>-</u>	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage	Yes
	Did you have this symptom?	Please complete A then B or C below No
		Please go to Section 2
A	When did you <u>first notice</u> this?	
A B		Please go to Section 2



Section 2

2	4
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite				
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2			
Α	When did you <u>first notice</u> this?	/ OR			
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR			
С	Put a cross here if you didn't tell your GP or nurse				
2.	Unexplained weight loss				
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3			
Α	When did you <u>first notice</u> this?	/ OR			
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR			
С	Put a cross here if you didn't tell your GP or nurse				



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



2	4
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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	Ī
Mixed	
or White & Black Carribean	
White & Black African	Ī
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go	to Que	stion 12
	_	

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma		
Chronic Obstructive Pulmonary Disease (COPD)		
Other lung disease (e.g. fibrosis, bronchiectatis etc	;) <u> </u>	
Heart disease		
Anxiety or depression		
Inflammatory bowel disease		
Irritable bowel syndrome		
Peptic ulcer		
Previous cancer		
Diabetes		
Arthritis		
13. About smoking		
Please cross the appropriate statement		
Are you a current smoker?		
Are you an ex-smoker?		
Are you a non-smoker (never smoked)?		
14. Do you think you were more at risk of getting cancer because of your family history?	Yes	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
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2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





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If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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<u>esearcher - Post-completio</u>	on Sheet Researcher initials:
ate questionnaire completed:	Date / / / Time :
f not completed, give reason	
How long is it since the patient vas told of his/her diagnosis?	
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	utes
For the patient selected to con	nplete the questionnaire on their own
Did the patient ask for any If yes,	y help? ☐ Yes ☐ No
· · · · · · · · · · · · · · · · · · ·	at help was requested
please specify wh	at help was given
For the patient selected for the	e researcher-administered questionnaire
Did the patient find any of If yes,	f the questions difficult?
	ch questions and what the difficulty was
Was the patient made anxious If yes, please give details	
Where did the patient complet (Please specify whether this we the ward or other	te the questionnaire? vas in a separate room alone, in a corner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 2 5





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

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I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

2	5
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



2	5
---	---

3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back	
4.	passage	Yes
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR

-
- B When did you <u>first tell</u> your GP or nurse?
 OR
- C Put a cross here if you didn't tell your GP or nurse

OR



Section 2

2	5
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 3
Α	When did you <u>first notice</u> this?	
A B	<u> </u>	Please go to Question 3



Fatigue or tiredness that is unusual for you	Yes
Did you have this?	Please complete A then B or C below No Please go to Question 4
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Feeling different 'in	
yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
When did you first notice this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Put a cross here if you didn't tell your GP or nurse	
Please try and describe what the	ne feeling was
	is unusual for you Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse Feeling different 'in yourself' from usual Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you could far any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go	to	Question	12
-----------	----	----------	----

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (CO	PPD)
Other lung disease (e.g. fibrosis, bronchiecta	itis etc)
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statem	ent
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completio	n Sheet	Researc	her initial	s:	
Date questionnaire completed:	Date [/	Time]:[]
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patien Less than 5 minutes Between 5 and 10 minut Between 11 and 15 minutes Longer than 15 minutes	tes 🗆	ne questionn	aire?		
For the patient selected to com	nplete the ques	stionnaire on	their own		
Did the patient ask for any If yes,	•		☐ Yes	□ No	
please specify wha	it help was req	uested			
please specify what	at help was giv	en			
For the patient selected for the			luestionnai	<u>ire</u>	
Did the patient find any of If yes,	the questions	difficult?	Yes	☐ No	
please specify which	ch questions a	nd what the o	difficulty wa	as 	
Was the patient made anxious	9?		☐ Yes	□No	
If yes, please give details					
Where did the patient complete (Please specify whether this we the ward or other	•		e, in a corr	ner of the cl	inic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 2 6





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

2	6

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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3.	Change	111	DOME	Παρπ

•	<u> </u>	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
	OR	



Section 2

	2	6
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	





3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



2	6

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

A/I P I C] op [
When did you <u>firs</u> t his?	notice		」OR	
When did you <u>firs</u> GP or nurse? OR	tell your		OR	
Put a cross here it <u>didn't tell</u> your GP				
wise go to Que	stion 7.	feel is relevant, plea		
rwise go to Que	stion 7.			
erwise go to Que	stion 7.			
erwise go to Que	stion 7.			
erwise go to Que	stion 7.			
erwise go to Que	e symptom h			
lease describe the	notice		then B or	

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	
Mixed	$-\Box$
or White & Black Carribean	
White & Black African	Ħ
White & Asian	$\overline{\sqcap}$
Other mixed background	
Black or Black British	
or Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	
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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

 Please go to Question 12 Please say who you live with below
with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	
Please cross the appropriate statement	

13

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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	Sheet Researcher initials:
ate questionnaire completed:	Date / / / Time
not completed, give reason	
low long is it since the patient as told of his/her diagnosis?	
How long did it take the patien Less than 5 minutes Between 5 and 10 minu Between 11 and 15 minutes	
For the patient selected to con	ete the questionnaire on their own
Did the patient ask for any If yes,	elp?
•	nelp was requested
please specify wh	help was given
For the patient selected for the	esearcher-administered questionnaire
Did the patient find any of If yes,	e questions difficult?
•	questions and what the difficulty was
Was the patient made anxious If yes,	☐ Yes ☐ No
please give details	

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 2 7





		GLAN CLWYD
CID	_	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

2	7
---	---

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



2	7
---	---

3.	Change	in	bowel	habit
- D_				

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	



Section 2

2	7
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
		Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 3
Α	When did you first notice this?	No
A B	When did you <u>first notice</u>	No Please go to Question 3



2 7

3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
		Flease go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
4.	yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



2	7

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
wise go to Question 7.	
wise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7. ease describe the sympton When did you first notice	
rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



2 7

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?				
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

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	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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2 7

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed or	
White & Black Carribean	
White & Black African	Ī
White & Asian	П
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 12
Please say who you live

with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	

14. Do you think you were more at risk of getting cancer because of your family history?

Are you a non-smoker (never smoked)?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

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1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





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If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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	Researcher initials:
ate questionnaire completed: Date	//
f not completed, give reason	
How long is it since the patient vas told of his/her diagnosis?	
How long did it take the patient to complete the Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	e questionnaire?
For the patient selected to complete the questi	<u>ionnaire on their own</u>
Did the patient ask for any help? If yes,	☐ Yes ☐ No
please specify what help was requ	ested
please specify what help was give	en
For the patient selected for the researcher-adn	
Did the patient find any of the questions did If yes,	lifficult? Yes No
please specify which questions and	d what the difficulty was
Was the patient made anxious? If yes,	☐ Yes ☐ No
please give details	
Where did the patient complete the questionna	aire?

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

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PID - 2 8





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



2 8

3.	Change	in	bowel	habit
- D_				

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

	2	8
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
		Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 3
Α	When did you first notice this?	No
A B	When did you <u>first notice</u>	No Please go to Question 3





3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



2 8

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cout for any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



2	8
---	---

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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57727

2 8

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	Ä
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 1

Please say who you live with below

Yes





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma		
Chronic O	Obstructive Pulmonary Disease (COPD)	
Other lung	g disease (e.g. fibrosis, bronchiectatis etc)	
Heart dise	ease	
Anxiety or	depression	
Inflammat	ory bowel disease	
Irritable bo	owel syndrome	
Peptic ulc	er	
Previous o	cancer	
Diabetes		
Arthritis		
13. About	smoking	
	e cross the appropriate statement	
Are you	ı a current smoker?	
Are you	ı an ex-smoker?	
Are you	a non-smoker (never smoked)?	
14. Do you risk of	think you were more at getting cancer because of	Yes

your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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esearcher - Post-completion	n Sheet	Researcher initia	ıls:
Date questionnaire completed:	Date [//	Time
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes 🗆	ne questionnaire?	
For the patient selected to con	nplete the ques	tionnaire on their own	
Did the patient ask for any If yes,	y help?	Yes	□No
please specify wha	at help was req	uested	
please specify wh	at help was giv	en	
For the patient selected for the			
Did the patient find any of If yes,	the questions	difficult?	☐ No
· · · · · · · · · · · · · · · · · · ·	ch questions a	nd what the difficulty w	ras
Was the patient made anxious If yes, please give details		☐ Yes	□No
Where did the patient complet (Please specify whether this we the ward or other	•		rner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 2 9





		GLAN CLWYD
CID	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK







Version:- 2.1 08/01/2009 Page 1 of 14



Dear Patient

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If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

2	9

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



2 9

3 Change in bowel habit

O.	G	Yes
	Did you have this symptom?	Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage	Yes
	Did you have this symptom?	Please complete A then B or C below No

- **A** When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?
 OR
- C Put a cross here if you didn't tell your GP or nurse

Please complete A then B or C below		
Please go to	Section 2	
//	OR	
//	OR	



Section 2

2	9
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



2 9		2	9
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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
wise go to Question 7.	
wise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7. ease describe the sympton When did you first notice	
rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



2 9

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	





10. How would you describe your ethnicity

Please cross one box only

White				
or White British				
White Irish				
Other White background				
Mixed or				
White & Black Carribean				
White & Black African			П	
White & Asian				
Other mixed background				
Black or Black British or				
Carribean				
African				
Other Black background				
Asian or Asian British				
or Indian				
Pakistani Pangladashi				
Bangladeshi				
Other Asian background				
Chinese or other ethnic group or				
Chinese				
Other ethnic group				
Do you live alone?	Yes No	Please go to the second		
Who do you live with?				
(e.g. wife, husband, partner, family				

member)

11.





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

	Asthma	
	Chronic Obstructive Pulmonary Disease (COPD)	
	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
	Heart disease	
	Anxiety or depression	
	Inflammatory bowel disease	
	Irritable bowel syndrome	
	Peptic ulcer	
	Previous cancer	
	Diabetes	
4	Arthritis	
13	- About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14	 Do you think you were more at risk of getting cancer because of your family history? 	Yes No





15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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esearcher - Post-completion Sh	eet Researcher initials:
Pate questionnaire completed:	Date / / / Time :
f not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient to concern than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	omplete the questionnaire? □ □ □ □ □ □
For the patient selected to <u>complete</u> Did the patient ask for any help If yes,	.
please specify what help	o was requested
please specify what hel	p was given
For the patient selected for the rese	archer-administered questionnaire
Did the patient find any of the c	uestions difficult?
	estions and what the difficulty was
Was the patient made anxious? If yes, please give details	☐ Yes ☐ No
Where did the patient complete the (Please specify whether this was in	questionnaire? a separate room alone, in a corner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 3 0





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

3 0

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3 0

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR

OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

3	0
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite		
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2	
Α	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		
2.	Unexplained weight loss		
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3	
Α	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
→.	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
	Miles and individual final median	
Α	When did you <u>first notice</u> this?	/OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was
	-	



3	0

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3 0

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	П
Mixed or	
White & Black Carribean	
White & Black African	Ħ
White & Asian	Ī
Other mixed background	
Black or Black British or	
Carribean	
African	П
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

1	1	
1		

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12
--------	----	----	----------	----

Please say who you live with below

Yes



3 0

12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initials:		

Date questionnaire completed:	Date	_//[Time .
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patien Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes For the patient selected to com Did the patient ask for any If yes, please specify wha	es utes utes uplete the questing help?	onnaire on thei		□No
please specify what				
For the patient selected for the	researcher-adm	inistered quest	ionnair	<u></u>
Did the patient find any of If yes, please specify which	•] Yes ulty wa	□ No S
Was the patient made anxious If yes, please give details	?] Yes	□ No
Where did the patient complete (Please specify whether this we the ward or other			a corn	er of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 3 1





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

3	1
---	---

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



1

3.	Change	in	bowel	habit
J.	01141190	•••	201101	IIGNIC

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	garreton your or or marco	
4	·	
4.	Bleeding from back passage	Yes
4.	Bleeding from back	Yes Please complete A then B or C below No Please go to Section 2
4.	Bleeding from back passage	Please complete A then B or C below

C Put a cross here if you didn't tell your GP or nurse



Section 2

3	1
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



311	21	
3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



-		_
	3	1

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3 1

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware very cent for any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray	П		

Please go to Question 8



3	1

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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3 1

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian Pakistani Bangladeshi Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
0	Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	
Please cross the appropriate statement	

13

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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researcher - Fost-completion	<u> </u>	escarciici iiiiliai	,s
Date questionnaire completed:	Date	//	Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	s 🗆	uestionnaire?	
For the patient selected to comp	lete the question	naire on their own	
Did the patient ask for any I If yes,	nelp?	☐ Yes	□No
please specify what	help was request	ed	
please specify what	help was given		
For the patient selected for the r	esearcher-admin	stered questionna	<u>ire</u>
Did the patient find any of the lf yes,	ne questions diffic	cult?	☐ No
please specify which	n questions and w	hat the difficulty wa	as
Was the patient made anxious?		□Yes	─────────────────────────────────────
If yes,		165	NO
please give details			
Where did the patient complete	the questionnaire	?	
(Please specify whether this wa	-		ner of the clinic,
the ward or other			

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 3 2





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

3 2	2
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
.)_	Ollaligo	•••	80110 1	IIGNIC

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

3	2
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you first notice this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3	2

3.	Fatigue or tiredness that is unusual for you	Yes	
	Did you have this?	Please complete A then B or C below No	
		Please go to Question 4	
A	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		
4.	Feeling different 'in		
	yourself' from usual	Yes Please complete A then B or C below	
	Did you have this?	No Please go to Question 5	
A	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		
	Please try and describe what the feeling was		



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	e
this?	
When did you <u>first tell</u> yo GP or nurse? OR	our
Put a cross here if you didn't tell your GP or nurs	se 🗆
rwise go to Question	om you feel is relevant, please write it below, 7. nptom here and complete A then B or C below
erwise go to Question	7.
erwise go to Question	7.
erwise go to Question	7.
erwise go to Question	nptom here and complete A then B or C below
Please describe the syn When did you first notice	nptom here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3 2

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



3

About you

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The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



3 2

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	Ħ
Bangladeshi	Ī
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please say who you live with below

Yes



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)	_

12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

A	Asthma	
C	Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
H	leart disease	
A	anxiety or depression	
lr	nflammatory bowel disease	
lı	rritable bowel syndrome	
F	Peptic ulcer	
F	Previous cancer	
	Diabetes	
А	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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esearcher initials:		

<u>n Sheet</u> Resear	cher initials	\$:
Date/		Time
es 🗆	nnaire?	
plete the questionnaire o	n their own	
help?	☐ Yes	□No
t help was requested		
at help was given		
researcher-administered	questionnair	<u>е</u>
the questions difficult?	☐ Yes	□ No
ch questions and what the	e difficulty wa	s
?	☐ Yes	□ No
•	one, in a corn	er of the clinic,
	Date / /	Date

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 3 3





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

3	3

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3	3
))

3.	Change in bowel habit	
.	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR

OR

B When did you <u>first tell</u> your GP or nurse?

C Put a cross here if you didn't tell your GP or nurse

OR



Section 2

3 3	3
-----	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



_	_
3	3
_	_

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



3	3

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
• •	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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3 3

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	\Box
Mixed	
or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

11. Do you live alone?	Yes No	Please go to Question 12 Please say who you live with below
Who do you live with? (e.g. wife, husband, partner, family		

member)



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

А	sthma	
C	Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
H	leart disease	
А	nxiety or depression	
Ir	nflammatory bowel disease	
Ir	ritable bowel syndrome	
P	eptic ulcer	
P	revious cancer	
D	Diabetes	
Α	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes D



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initia	als:	

Date questionnaire completed:	Date / _		Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minute Longer than 15 minutes	. □ S □	nnaire?	
For the patient selected to comp Did the patient ask for any If yes, please specify what	elp?	on their own	□ No
please specify wha	help was given		
For the patient selected for the	esearcher-administered	d questionna	i <u>re</u>
Did the patient find any of t If yes, please specify which	e questions difficult?	Yes e difficulty wa	□ No as
Was the patient made anxious? If yes, please give details		☐ Yes	□ No
Where did the patient complete (Please specify whether this wa	•	one, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 3 4





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

3	4
---	---

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in I	bowel	hal	oit
----	--------	------	-------	-----	-----

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you <u>didn't tell</u> your GP or nurse	/ OR

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes	Please complete	A then B or C below
No	Please go to Sec	tion 2
/	/ OR	
/	/ OR	



Section 2

	3	4
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3 4

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
A	When did you <u>first notice</u> this?	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the feeling was	
	Trease try and describe what th	le reening was



3	4

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

A/I P I C] op [
When did you <u>firs</u> t his?	notice		」OR	
When did you <u>firs</u> GP or nurse? OR	tell your		OR	
Put a cross here it <u>didn't tell</u> your GP				
wise go to Que	stion 7.	feel is relevant, plea		
rwise go to Que	stion 7.			
erwise go to Que	stion 7.			
erwise go to Que	stion 7.			
erwise go to Que	stion 7.			
erwise go to Que	e symptom h			
lease describe the	notice		then B or	

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3 4

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



3

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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3 4

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	П
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	П
White & Black African	Ħ
White & Asian	Ī
Other mixed background	\Box
Black or Black British or	
Carribean	
African	Ħ
Other Black background	\Box
Asian or Asian British	
or Indian	П
Pakistani	
Bangladeshi	Ħ
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please say who you live with below

Yes



3 4	4
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12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at	Yes

risk of getting cancer because of

your family history?

No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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esearcher - Post-completio	n Sheet	Researc	her initials	s:
Date questionnaire completed:	Date			Γime [
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes utes	·		
For the patient selected to con Did the patient ask for any If yes, please specify wha	y help?		their own	□No
please specify wh	at help was g	iven		
For the patient selected for the	e researcher-a	administered o	questionnair	<u>e</u>
Did the patient find any of If yes,	the question	s difficult?	☐ Yes	□No
please specify which	ch questions	and what the	difficulty wa	S
Was the patient made anxious If yes, please give details			☐ Yes	□ No
Where did the patient complet (Please specify whether this w			ne, in a corn	er of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 3 5





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

3 !	5
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3	5
---	---

3. Change	in bow	el habit
-----------	--------	----------

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
4. A	passage	Please complete A then B or C below
	passage Did you have this symptom? When did you <u>first notice</u>	Please complete A then B or C below No Please go to Section 2



Section 2

3	5
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 3
Α	When did you <u>first notice</u> this?	
A B	<u> </u>	Please go to Question 3



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



 3	5

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you first notice	
this? When did you <u>first tell</u> your	
GP or nurse?ORPut a cross here if you	
didn't tell your GP or nurse	
erwise go to Question 7.	n here and complete A then B or C below
erwise go to Question 7.	
ease describe the symptom When did you first notice	h here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3 5

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



3	5

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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3 5

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	T T
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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		-

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please g	o to	Question	12
----------	------	----------	----

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

			 •
Researcher	initials:		

Date questionnaire completed: Date Date	
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	
For the patient selected to complete the questionnaire on their own	
Did the patient ask for any help? ☐ Yes ☐ No If yes,	
please specify what help was requested	
please specify what help was given	
For the patient selected for the researcher-administered questionnaire	
Did the patient find any of the questions difficult? Yes No If yes,	
please specify which questions and what the difficulty was	
Was the patient made anxious? ☐ Yes ☐ No If yes,	
please give details	
Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the	ne clinic,
the ward or other	

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 3 6





		GLAN CLWYD
CID	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
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Dear Patient

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
- D_				

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	



Section 2

3	6
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	





Fatigue or tiredness that is unusual for you	Yes
Did you have this?	No Please go to Question 4
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Put a cross here if you didn't tell your GP or nurse	
Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Put a cross here if you didn't tell your GP or nurse	
Please try and describe what th	ne feeling was
	is unusual for you Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse Feeling different 'in yourself' from usual Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse



3 6	5
-----	---

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



3 6

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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3 6

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	Ħ
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

	ъ.		

11

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

lo
Please say who you live
with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	
Please cross the appropriate statement	

13

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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·	 		

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Researcher - Post-completion	n Sheet	Researche	er initials:	
Date questionnaire completed:	Date [/	/ Tir	me
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minute Longer than 15 minutes	es 🗆	he questionnai	re?	
For the patient selected to com	plete the que	stionnaire on th	eir own	
Did the patient ask for any If yes,	help?		☐ Yes ☐	□ No
please specify what	help was rec	uested		
please specify wha	t help was giv	ven		
For the patient selected for the	researcher-a	dministered que	estionnaire	
Did the patient find any of t	the questions	difficult?	Yes [No
please specify whic	h questions a	nd what the dif	ficulty was	
Was the patient made anxious?	·		☐ Yes ☐	□ No
please give details				
Where did the patient complete (Please specify whether this wathe ward or other	•		in a corner	of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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		GLAN CLWYD
CID	_	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

3 7	7
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the <u>first</u> symptom that made you think something might be wrong?

<u>Yes</u>	
Ш	Please continue with Question 2
No	
	Please go to Section 2 on Page 5
	,
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes
	Did you have this symptom?	Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	d d / mm / y y OR Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR Estimate
С	Put a cross here if you didn't tell your GP or nurse	



3.	Change	in	bowel	habit
- D_				

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
_	Disc Program Local	
4.	Bleeding from back	V
	passage	Yes Please complete A then B or C below
	passage Did you have this symptom?	Please complete A then B or C below No Please go to Section 2
Α		Please complete A then B or C below

C Put a cross here if you didn't tell your GP or nurse



Section 2

3	7
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3	7
•	

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Disease complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3	7
---	---

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7	Ware you cont for any of those?				
	Were you sent for any of these?	Yes	Not sure	No	
	Blood test(s)				
	CT Scan				
	Ultrasound scan				
	Barium Enema				
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)				
	X-ray				

Please go to Question 8



3	7
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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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3 7

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ī
Mixed	$ \Box$
or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean African Other Black background	
Asian or Asian British	
or Indian Pakistani Bangladeshi Other Asian background	
Chinese or other ethnic group or Chinese Other ethnic group	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12
--------	----	----	----------	----

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Α	sthma	
С	Chronic Obstructive Pulmonary Disease (COPD)	
С	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Н	leart disease	
А	nxiety or depression	
Ir	flammatory bowel disease	
Ir	ritable bowel syndrome	
Р	eptic ulcer	
Р	revious cancer	
D	iabetes	
A	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes D



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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3	7

esearcher - Post-completio	<u>ı Sheet</u>	Resea	rcher initia	ls:
ate questionnaire completed:	Date			Time [
not completed, give reason				
low long is it since the patient [/as told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minut Between 11 and 15 minutes	es 🗆	the questio	nnaire?	
For the patient selected to com	plete the qu	estionnaire d	on their own	
Did the patient ask for any If yes,	help?		☐ Yes	□No
please specify wha	: help was re	equested		
please specify wha	t help was g	jiven		
For the patient selected for the	researcher-	administered	d questionna	<u>ire</u>
Did the patient find any of If yes,	the question	s difficult?	☐ Yes	☐ No
please specify whice	h questions	and what th	e difficulty w	as
Was the patient made anxious	?		☐ Yes	□ No
If yes, please give details				
-				
Where did the patient complete	the questio	nnaire?		

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 3 8





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3	8
---	---

3.	Change	in	bowel	habit
_ 1				

-	_	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
. .	Bleeding from back passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В		/ OR





3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



3	8

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
wise go to Question 7.	
wise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7. ease describe the sympton When did you first notice	
rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3	8
---	---

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you could far any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	\Box
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	Ä
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
)	Please say who you live

with below

<u>Yes</u>



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma			
Chronic Obstructive Pulmonary Disease (COPD)			
Other lung disease (e.g. fibrosis, bronchiectatis etc)			
Heart disease			
Anxiety or depression			
Inflammatory bowel disease			
Irritable bowel syndrome			
Peptic ulcer			
Previous cancer			
Diabetes			
Arthritis			
- About smoking			
Please cross the appropriate statement			

13

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	

				4	
5	77	·2	7		

15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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<u> Researcher - Post-completio</u>	n Sheet	Researc	cher initial	ls:	
Date questionnaire completed:	Date		/	Time	-
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes	es 🗆	e the question	naire?		
For the patient selected to com	plete the qu	estionnaire or	n their own		
Did the patient ask for any If yes,	help?		☐ Yes	☐ No	
please specify what	t help was r	equested			
please specify wha	ıt help was ç	given			
For the patient selected for the	researcher-	administered	questionna	<u>re</u>	
Did the patient find any of the lift yes,	the questior	s difficult?	Yes	□ No	
please specify whic	h questions	and what the	difficulty wa	as 	
Was the patient made anxious? If yes, please give details	?		☐ Yes	☐ No	
Where did the patient complete (Please specify whether this wathe the ward or other			ne, in a cori	ner of the clin	nic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 3 9





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
·J-	Change	•••		HUDIL

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No
		Please go to Section 2
Α	When did you <u>first notice</u> this?	☐ Please go to Section 2 ☐ / ☐ OR ☐ ☐
A B	<u> </u>	



Section 2

3 9	
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes				
	Did you have this?	Please complete A then B or C below				
	Did you have this:	No Please go to Question 4				
Α	When did you <u>first notice</u> this?	/ OR				
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR				
С	Put a cross here if you didn't tell your GP or nurse					
4.	Feeling different 'in					
	yourself' from usual	Yes Please complete A then B or C below				
	Did you have this?	No Please go to Question 5				
A	When did you <u>first notice</u> this?	/ OR				
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR				
С	Put a cross here if you didn't tell your GP or nurse					
	Please try and describe what the feeling was					



3 9

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

 V	When did you <u>first notice</u>	
:ł	nis?	
(Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
F	Put a cross here if you didn't tell your GP or nurse	
	_	here and complete A then B or C below
	wise go to Question 7. ease describe the symptom	here and complete A then B or C below
	_	here and complete A then B or C below
	_	here and complete A then B or C below
	_	here and complete A then B or C below
	ease describe the symptom	
e 	_	here and complete A then B or C below
e [\ t	when did you first notice this?	
le	when did you first notice this?	

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



3 9

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



3 9

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White			
or White British			
White Irish		H	
Other White backgroui	nd	H	
Mixed			
or			
White & Black Carribe	an		
White & Black African			
White & Asian			
Other mixed backgrou	nd		
Black or Black British or			
Carribean			
African		i i	
Other Black backgrour	nd	H	
Asian or Asian British			
or Indian			
Pakistani		H	
Bangladeshi		H	
Other Asian backgrour	nd	H	
other Molan baokgroun	10	Ш	
Chinese or other ethnic gro	oup		
or Chinese			
Other ethnic group		H	
3 1			
	V		
Do you live alone?	Yes	Please go to Que	estion 12
	No		
		Please say who y with below	you live

member)

Who do you live with? (e.g. wife, husband, partner, family

11.



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma				
Chronic Obstructive Pu	Imonary Disease (COPD)			
Other lung disease (e.g	g. fibrosis, bronchiectatis etc)			
Heart disease				
Anxiety or depression				
Inflammatory bowel dis	ease			
Irritable bowel syndrom	Irritable bowel syndrome			
Peptic ulcer				
Previous cancer				
Diabetes				
Arthritis				
13. About smoking Please cross the a	appropriate statement			
Are you a current sm	oker?	П		
Are you an ex-smoke	er?			
Are you a non-smoke	er (never smoked)?			

14. Do you think you were more at risk of getting cancer because of your family history?

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15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher	initials:		

•				
Date questionnaire completed:	Date		/	Time
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	ites utes	the questionr	naire?	
For the patient selected to cor	nplete the que	estionnaire on	their own	
Did the patient ask for an	y help?		☐ Yes	□ No
please specify who	at help was re	equested		
please specify wh	at help was g	iven		
For the patient selected for the	e researcher-	administered o	questionnai	<u>re</u>
Did the patient find any of	the question	s difficult?	Yes	☐ No
please specify whi	ch questions	and what the	difficulty wa	as
Was the patient made anxious If yes,	s?		☐ Yes	□No
please give details	;			
Where did the patient complet (Please specify whether this vithe ward or other	•		ne, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 4 0





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
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Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below
Α	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



4 0

3. Change in bowel l	habit
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	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No
A	When did you <u>first notice</u> this?	☐ Please go to Section 2 ☐ / ☐ OR ☐

B When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

4	0
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



4	0

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



4 0

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

			_
			-
When did yethis?	ou <u>first notice</u>	/ OR	
When did your GP or nurse OR	ou <u>first tell</u> your e?	/ OR	
Put a cross	here if you our GP or nurse		
rwise go t	o Question 7.	ou feel is relevant, please write it below, m here and complete A then B or C below	
rwise go t	o Question 7.		
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
erwise go to	o Question 7.		-
erwise go to ease described when did you this?	o Question 7. Tibe the sympton Ou first notice Ou first tell your	m here and complete A then B or C below	-

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



4 0

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



4 0

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	H
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1		
•	•	•	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 12	
Please say who you live with below	

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking Please cross the appropriate statement	
Are you a current smoker?	

14. Do you think you were more at risk of getting cancer because of your family history?

Are you an ex-smoker?

Are you a non-smoker (never smoked)?

Yes

No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
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Page 12 of 14





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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

esearcher initials:		

esearcher - Fost-completio	<u> 11 Sheet</u> Rese	archer illitia	s
Pate questionnaire completed:	Date /[Time
f not completed, give reason			
How long is it since the patient vas told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes 🗆	ionnaire?	
For the patient selected to con	nplete the questionnaire	e on their own	
Did the patient ask for any If yes,	·	☐ Yes	□No
please specify who	at help was requested		
please specify wh	at help was given		
For the patient selected for the	researcher-administer	ed questionnai	<u>re</u>
Did the patient find any of	the questions difficult?	Yes	☐ No
If yes, please specify whi	ch questions and what	the difficulty wa	as
Was the patient made anxious If yes,	·?	☐ Yes	□No
please give details			
Where did the patient complet (Please specify whether this w	-	alone, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 4 1





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below
Α	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



4	1

3.	Change	in	bowel	habit
- D_				

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	



Section 2

4	1
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



4	1

3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



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4	Т

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Whe this?	en did you <u>first notice</u>	/ OR
	en did you <u>first tell</u> your or nurse?	/ OR
Put a	a cross here if you 't tell your GP or nurse	
rwis	se go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis Please	e describe the sympten did you first notice	
Please	e describe the sympten did you first notice	om here and complete A then B or C below
Vhe this?	e describe the sympten did you first notice	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



4 1

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



4	1

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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4 1

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	П
Other White background	
Mixed	
or White & Black Carribean White & Black African White & Asian Other mixed background	
Black or Black British	
or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background	
Chinese or other ethnic group or Chinese Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go	to	Question	12
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Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (CO	PPD)
Other lung disease (e.g. fibrosis, bronchiecta	itis etc)
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statem	ent
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher	initials:		

	<u> </u>		
Date questionnaire completed:	Date	//	Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minut Between 11 and 15 minut Longer than 15 minutes	es utes		
For the patient selected to <u>com</u> Did the patient ask for any If yes, please specify wha	help?	☐ Yes	□No
please specify what please specify what please specify what selected for the patient selected for the		istered questionna	<u>ire</u>
Did the patient find any of If yes, please specify which	·		□ No as
Was the patient made anxious If yes, please give details	?	☐ Yes	No
Where did the patient complete (Please specify whether this w the ward or other			ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 4 2





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

4	2
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



4	2
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•	<u>-</u>	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage	Yes
	Did you have this symptom?	Please complete A then B or C below No
		Please go to Section 2
A	When did you <u>first notice</u> this?	
A B		Please go to Section 2



Section 2

4	2
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В		/ OR



3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



4 2	14	2
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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
wise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7. ease describe the symptom	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



4 2	
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



4	2
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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?					
	Please cross one box only					
	Employed full-time					
	Employed part-time					
	Self employed full-time					
	Self employed part-time					
	Unemployed (seeking work)					
	Unemployed (not seeking work)					
	Retired					
	Student					
	Permanently sick/disabled					
	Temporarily sick/disabled					
	Looking after family/home					
	Other, please describe					
9.	What is your highest level of qualification?					
	Please cross one box only					
	Degree (or equivalent)					
	Diploma (or equivalent)					
	'A' level					
	GCSE / 'O' level					
	None					
	Other, please specify					



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian Pakistani Bangladeshi Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 1	12
-------------------------	----

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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<u>lesearcher - Post-completion</u>	on Sheet	Researc	her initial	s:
Date questionnaire completed:	Date		/	Time [
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patier Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	ites utes	e the questionr	naire?	
For the patient selected to cor	mplete the qu	estionnaire on	their own	
Did the patient ask for an	y help?		☐ Yes	□No
If yes, please specify wh	at help was r	equested		
please specify wh	nat help was (given		
For the patient selected for the	e researcher-	administered o	questionna	<u>ire</u>
Did the patient find any o	f the questior	ns difficult?	Yes Yes	☐ No
If yes, please specify wh	ich questions	and what the	difficulty wa	as
Was the patient made anxious			☐ Yes	□ No
please give details	5			
Where did the patient comple (Please specify whether this ward or other			ne, in a cori	ner of the clinic

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 4 3





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please go to Sec	A then B or C below
/	/ OR	
/	/ OR	



Section 2

4	3
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



4	3

Fatigue or tiredness that is unusual for you	Yes
Did you have this?	Please complete A then B or C below No Please go to Question 4
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Feeling different 'in	
yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Put a cross here if you didn't tell your GP or nurse	
Please try and describe what the	ne feeling was
	is unusual for you Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse Feeling different 'in yourself' from usual Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you



4	3

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any or these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



4 3

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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4 3

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Н
Other mixed background	П
Black or Black British or	
Carribean	
African	Ħ
Other Black background	П
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 12	•
Please say who you live with below	

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

	Asthma	
	Chronic Obstructive Pulmonary Disease (COPD)	
	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
	Heart disease	
	Anxiety or depression	
	Inflammatory bowel disease	
	Irritable bowel syndrome	
	Peptic ulcer	
	Previous cancer	
	Diabetes	
	Arthritis	
13	- About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
11		
		Voc

14. Do you think you were more at risk of getting cancer because of your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

	•	 -
Researcher initials:		

Date questionnaire completed:	Date / [Time
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes		onnaire?	
For the patient selected to complete Did the patient ask for any half yes, please specify what half the patient selected to complete the patient selected the patient selected to complete the patient selected the patient selected to complete the patient selected to complete the patient selected the patient selected to complete the patient selected the patient s	elp?	on their own ☐ Yes	□No
please specify what	nelp was given		
For the patient selected for the re Did the patient find any of th If yes,		d questionna ☐ Yes	ire \(\tag{No}
please specify which	questions and what th	ne difficulty wa	as
Was the patient made anxious? If yes, please give details		☐ Yes	☐ No
Where did the patient complete t (Please specify whether this was	•	lone, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 4 4





	☐ GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

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I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



1 - 1 -

3. Change	in bow	el habit
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•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

4 4	4
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



4 4	
-----	--

3.	Fatigue or tiredness that is unusual for you	Vac
	-	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



4	4
---	---

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
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erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



4 4

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



4 4

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	H
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1		

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go	to	Question	12
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Please say who you live with below

, family

Yes



4	4
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12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	

14. Do you think you were more at risk of getting cancer because of your family history?

Are you an ex-smoker?

Are you a non-smoker (never smoked)?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009

Page 12 of 14





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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searche			L
-sear crie	r - Post-completion Sheet	Researcher initia	ls:
ate questi	onnaire completed: Date		Time
f not comp	leted, give reason		
•	it since the patient his/her diagnosis?		
Les Bet Bet	did it take the patient to complete to see than 5 minutes ween 5 and 10 minutes ween 11 and 15 minutes ger than 15 minutes	the questionnaire?	
	atient selected to complete the que		□ No
If yes	ne patient ask for any help? ,	☐ Yes	☐ No
	please specify what help was red	uested	
	please specify what help was given	ven	
For the pa	atient selected for the researcher-a	dministered questionna	<u>ire</u>
	ne patient find any of the questions	s difficult?	☐ No
If yes	, please specify which questions a	and what the difficulty w	as
		☐Yes	p=====0
Was the p	patient made anxious?	res	☐ No

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 4 5





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

4	5
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



	4	5
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3.	Change	in	bowel	habit
·J-	Change	•••		HUDIL

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	



Section 2

4 5	
-----	--

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
•	M/b an did you first notice	
Α	When did you <u>first notice</u> this?	/OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



4	5

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



4 5

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Mana way and for any of these			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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4 5

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	П
Other White background	
Mixed	
or White & Black Carribean White & Black African	
White & Asian	Ħ
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 12
Please say who you live

with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	

14. Do you think you were more at risk of getting cancer because of your family history?

Are you an ex-smoker?

Are you a non-smoker (never smoked)?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

		 T.
esearcher initials:		

Time :
<u>eir own</u>
<u>eir own</u>
<u>eir own</u>
☐ Yes ☐ No
stionnaire_
Yes No
culty was
Yes No

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

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PID - 4 6





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

4	6
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

<u>Yes</u>	
Ш	Please continue with Question 2
No	
	Please go to Section 2 on Page 5
	,
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



4	6
---	---

3.	Change	in	bowel	habit
.)_	-			

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

4 6

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



4 6

3.	Fatigue or tiredness that		
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4	
Α	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No	
Α	When did you <u>first notice</u> this?	Please go to Question 5 OR OR	
В	When did you <u>first tell</u> your GP or nurse? OR		
С	Put a cross here if you didn't tell your GP or nurse		
	Please try and describe what the	e feeling was	



4	6

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
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wise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7. ease describe the sympton When did you first notice	
rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



4 6

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



4	6
---	---

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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4 6

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	T
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

11.	Yes	
Do you live alone?	Please go to Question	12
	No Please say who you live)
	with below	

Who do you live with? (e.g. wife, husband, partner, family member)



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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esearcher - Post-completion	n Sheet	Researcher initia	ıls:
Date questionnaire completed:	Date [//	Time
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes 🗆	ne questionnaire?	
For the patient selected to con	nplete the ques	tionnaire on their own	
Did the patient ask for any If yes,	y help?	Yes	□No
please specify wha	at help was req	uested	
please specify wh	at help was giv	en	
For the patient selected for the			
Did the patient find any of If yes,	the questions	difficult?	☐ No
· · · · · · · · · · · · · · · · · · ·	ch questions a	nd what the difficulty w	ras
Was the patient made anxious If yes, please give details		☐ Yes	□No
Where did the patient complet (Please specify whether this with the ward or other	•		rner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 4 7





		GLAN CLWYD
CID	_	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

4	7
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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3 Change in bowel habit

J.		
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

4	7
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No
Α	When did you <u>first notice</u> this?	Please go to Question 5 OR OR
В	When did you <u>first tell</u> your GP or nurse? OR	
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When this?	n did you <u>first notic</u>	<u>:e</u>	/	/	OR		
	n did you <u>first tell</u> y r nurse?	our	/[/	OR		
Put a	cross here if you tell your GP or nu	rse					
erwise	I another symptogeneral symptome go to Question describe the sy	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	n 7. mptom h					
erwise lease when this?	e go to Question	n 7. mptom h			nen B o		

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any or these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



4 7

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	Ä
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at	Yes

risk of getting cancer because of

your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

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1.	I feel calm				
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

		 Л
Researcher initials:		

Pate questionnaire completed:	Date/		Time	-
f not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes For the patient selected to composite patient ask for any of the patient ask for an	es utes unplete the questionnaire o		□No	
please specify what	· · · · · · · · · · · · · · · · · · ·			
For the patient selected for the	researcher-administered	I questionnai	<u>re</u>	
Did the patient find any of If yes, please specify which	the questions difficult?	☐ Yes e difficulty wa	□ No as	
Was the patient made anxious If yes, please give details	?	☐ Yes	□ No	
Where did the patient complete (Please specify whether this we the ward or other	•	one, in a corr	ner of the cli	inic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 4 8





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

4	8

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to See	e A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

4	8
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



4	8
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3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below, n here and complete A then B or C below
wise go to Question 7.	
wise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7. ease describe the sympton When did you first notice	
rwise go to Question 7.	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cout for any of these O	ant for any of these?				
	Were you sent for any of these?	Yes	Not sure	No		
	Blood test(s)					
	CT Scan					
	Ultrasound scan					
	Barium Enema					
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)					
	X-ray					

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	П
Other White background	
Mixed	
or White & Black Carribean White & Black African	
White & Asian	Ħ
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

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Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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esearcher - Post-completion	on Sneet Researcher Initials:	
ate questionnaire completed:	Date / / / Time	-
not completed, give reason		
ow long is it since the patient as told of his/her diagnosis?		
How long did it take the patier Less than 5 minutes Between 5 and 10 minu Between 11 and 15 min Longer than 15 minutes	nutes	
For the patient selected to <u>cor</u>	omplete the questionnaire on their own	
Did the patient ask for any lf yes,	ny help?	
	nat help was requested	
please specify wh	hat help was given	
Did the patient find any of	ne researcher-administered questionnaire of the questions difficult?	
Was the patient made anxious If yes, please give details		
Where did the patient complet (Please specify whether this with the ward or other	ete the questionnaire? was in a separate room alone, in a corner of the c	linic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 4 9





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
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Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



3 Change in bowel habit

)		
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
. .	Bleeding from back passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

4 9

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



Fatigue or tiredness that 3. is unusual for you Yes Please complete A then B or C below Did you have this? No Please go to Question 4 A When did you first notice **OR** this? **B** When did you <u>first tell</u> your OR GP or nurse? OR C Put a cross here if you didn't tell your GP or nurse Feeling different 'in 4. yourself' from usual Yes Please complete A then B or C below Did you have this? No Please go to Question 5 A When did you first notice OR this? **B** When did you <u>first tell</u> your OR GP or nurse? OR C Put a cross here if you didn't tell your GP or nurse Please try and describe what the feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

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Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Н
Other mixed background	П
Black or Black British or	
Carribean	
African	Ħ
Other Black background	П
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

 •

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please	go	to	Question	12
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Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of	Yes

your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

		.J	-
Researcher initials:			

	_		7/ [
Date questionnaire completed:	Date			Time
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patier Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	ites utes	e the questionr	aire?	
For the patient selected to cor	mplete the qu	<u>iestionnaire on</u>	their own	
Did the patient ask for an If yes,	y help?		☐ Yes	□ No
please specify who	at help was r	equested		
please specify wh	at help was	given		
For the patient selected for the	e researcher	administered o	questionnai	<u>re</u>
Did the patient find any of If yes,	f the question	ns difficult?	☐ Yes	□No
please specify whi	ich questions	and what the	difficulty wa	as
Was the patient made anxious If yes,			☐ Yes	□ No
please give details	•			
Where did the patient complete (Please specify whether this ward or other	•		e, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009









	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complet No Please go to Se	e A then B or C below ection 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



5	0
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3.	Change	in	bowel	habit
_ 1	· · · · · · · · · · · · · · ·			

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you <u>didn't tell</u> your GP or nurse	/ OR

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes Please No	complete A the	en B or C below
	go to Section 2	2
//[OR	
//[OR	



Section 2

5	0
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



5 C)
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3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
	Did you have this:	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



5 0

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



5 0

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



5 0

10. How would you describe your ethnicity

Please cross one box only

Whit	e			
or	White British			
	White Irish			
	Other White background			
Mixe	ed			
or	White & Black Carribean			
	White & Black African			
	White & Asian			
	Other mixed background			П
	k or Black British			
or	Carribean			
	African			H
	Other Black background			H
Δeia	n or Asian British			
or	II OI ASIAII BIILISII			
	Indian			
	Pakistani			
	Bangladeshi			
	Other Asian background			
Chin	ese or other ethnic group			
or	Chinese			
	Other ethnic group			
		Yes	Diago es	to Questiers
Do vo	ou live alone?		riease go	to Question ′

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
No	Please say who you live with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc	;) <u> </u>
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initials:		
	 ,	 ·

Date questionnaire completed:		Date]/[Time	.
If not completed, give reason								
How long is it since the patient was told of his/her diagnosis?								
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes For the patient selected to comp	es es <u>olete</u>	the qu				<u>eir own</u>	□No	
Did the patient ask for any had lif yes, please specify what	•		eques	sted		☐ Yes	□ No	
please specify what	: help	p was	given					
For the patient selected for the r	ese:	archer	-admi	nistere	d que	stionna	<u>ire</u>	
Did the patient find any of the lf yes, please specify which						☐ Yes iculty w	□ No as	
Was the patient made anxious? If yes, please give details						Yes	□ No	
Where did the patient complete (Please specify whether this was the ward or other		•			lone, i	in a cor	ner of the	e clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 5 1





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
.)_	Ollaligo	•••	80110 1	IIGNIC

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

5 1	5 1	
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



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	5	1

3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
		I loade go to question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
_	Facility of different time	
4.	Feeling different 'in yourself' from usual	Vac
	yoursen from usual	Yes Please complete A then B or C below
	Did you have this?	No
		Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



 5	1

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	e
this?	
When did you <u>first tell</u> yo GP or nurse? OR	our
Put a cross here if you didn't tell your GP or nurs	se 🗆
rwise go to Question	om you feel is relevant, please write it below, 7. nptom here and complete A then B or C below
erwise go to Question	7.
erwise go to Question	7.
erwise go to Question	7.
erwise go to Question	nptom here and complete A then B or C below
Please describe the syn When did you first notice	nptom here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



1 ~ 1 +

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	More you cent for any of these?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



5	1
_	

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
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	Self employed full-time	
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	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



5 1

10. How would you describe your ethnicity

Please cross one box only

White		
or White British		
White Irish		H
Other White background		H
Mixed		
or		Ш
White & Black Carribean		
White & Black African		
White & Asian		
Other mixed background		
Black or Black British		
or Carribean		
African		H
Other Black background		
· ·		
Asian or Asian British or		Ш
Indian		
Pakistani		Ħ
Bangladeshi		Ħ
Other Asian background		
Chinese or other ethnic group		
or Chinese		
Other ethnic group		H
Curor curino group		
Do you live alone?	Yes Please go t	o Question 12
Do you live alone?	No	
	Please say with below	who you live
Who do you live with?		
(e.g. wife, husband, partner, family		

member)

11.



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asth	nma			
Chro	onic Obstructive Pulmonary Disease (COPD)			
Othe	er lung disease (e.g. fibrosis, bronchiectatis etc)			
Hea	rt disease			
Anxi	lety or depression			
Infla	mmatory bowel disease			
Irrita	able bowel syndrome			
Pep	tic ulcer			
Prev	vious cancer			
Diab	Diabetes			
Arth	ritis			
13. _A	bout smoking			
	lease cross the appropriate statement			
A	re you a current smoker?			
A	re you an ex-smoker?			
A	re you a non-smoker (never smoked)?			
ris	o you think you were more at sk of getting cancer because of our family history?	Yes No		



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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searcher initials:			

esearcher - Post-completio	on Sheet Resear	rcher initials	:
Date questionnaire completed:	Date / _	/ т	ime
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes utes	nnaire?	
For the patient selected to con	nplete the questionnaire o	on their own	
Did the patient ask for any	y help?	☐ Yes	□No
If yes, please specify wha	at help was requested		
please specify wh	at help was given		
For the patient selected for the	e researcher-administered	d questionnaire	<u></u>
Did the patient find any of If yes,	the questions difficult?	☐ Yes	☐ No
	ch questions and what th	e difficulty was	;
Was the patient made anxious	5?	☐ Yes	□No
If yes, please give details			
Where did the patient complete (Please specify whether this ward or other	•	one, in a corne	er of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 5 2





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK











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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

5	2
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



- -

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you <u>didn't tell</u> your GP or nurse	/ OR

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes	Please complete	A then B or C below
No	Please go to Sec	etion 2
/[/ OR	
/[/ OR	



Section 2

5	2
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



5	2

3.	Fatigue or tiredness that is unusual for you	Yes	
	Did you have this?	Please complete A then B or C below No	
		Please go to Question 4	
A	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		
4.	Feeling different 'in		
	yourself' from usual	Yes Please complete A then B or C below	
	Did you have this?	No Please go to Question 5	
A	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		
	Please try and describe what the feeling was		



5 2

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	e
this?	
When did you <u>first tell</u> yo GP or nurse? OR	our
Put a cross here if you didn't tell your GP or nurs	se 🗆
rwise go to Question	om you feel is relevant, please write it below, 7. nptom here and complete A then B or C below
erwise go to Question	7.
erwise go to Question	7.
erwise go to Question	7.
erwise go to Question	nptom here and complete A then B or C below
Please describe the syn When did you first notice	nptom here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



5	2
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Ware you cant for any of these?			
• •	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	5	2
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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



5 2

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	
White & Black African	님
White & Asian	H
Other mixed background	H
Black or Black British	
or	Ш
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	
Other ethnic group	Ш
Vac	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of	Yes

your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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<u> Researcher - Post-completio</u>	<u>n Sneet</u> Resea	rcner initia	is:
Date questionnaire completed:	Date / _		Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes utes	onnaire?	
For the patient selected to con		on their own	
Did the patient ask for any If yes,	/ help?	☐ Yes	□ No
	at help was requested		
please specify wh	at help was given		
For the patient selected for the	e researcher-administere	d questionna	<u> </u>
Did the patient find any of If yes,	·	Yes	□ No
please specify whi	ch questions and what th	e difficulty wa	as
Was the patient made anxious	s?	☐ Yes	□ No
If yes, please give details			
Where did the patient complet (Please specify whether this ward or other	•	lone, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 5 3





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

5	3
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



5 3	
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3.	Change	in	bowel	habit
- D_				

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back	
₹.	passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
	OR	



Section 2

5	3
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



5	3

3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No
A	When did you <u>first notice</u> this?	☐ Please go to Question 4 ☐ / ☐ OR ☐
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you	/ OR
4.	Feeling different 'in	
	yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



	5	3
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	5	3
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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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5 3

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
Or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	Ħ
Other Black background	Ħ
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	
Yes	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

o Question 12

Please say who you live with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

A	Asthma				
(Chronic Obstructive Pulmonary Disease (COPD)				
(Other lung disease (e.g. fibrosis, bronchiectatis etc)				
H	Heart disease				
A	Anxiety or depression				
I	nflammatory bowel disease				
I	rritable bowel syndrome				
F	Peptic ulcer				
F	Previous cancer				
[Diabetes				
A	arthritis				
13.	About smoking				
	Please cross the appropriate statement				
	Are you a current smoker?				
	Are you an ex-smoker?				
	Are you a non-smoker (never smoked)?				
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes No			



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion She

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on Sheet Researcher initials:
Date / / / Time
nt to complete the questionnaire? □ utes □ utes □ □
mplete the questionnaire on their own
y help?
at help was requested
nat help was given
e researcher-administered questionnaire
f the questions difficult?
ich questions and what the difficulty was
s?
te the questionnaire? vas in a separate room alone, in a corner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 5 4





	GLAN CLW	YD
CID -	GWYNEDD	
	MAELOR	

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

5	4
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



5	4

3.	Change	in bowel	habit
----	--------	----------	-------

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No
		Please go to Section 2
Α	When did you <u>first notice</u> this?	☐ Please go to Section 2 ☐ / ☐ OR ☐ ☐
A B	<u> </u>	



Section 2

5	4
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite		
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2	
Α	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		
2.	Unexplained weight loss		
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3	
Α	When did you <u>first notice</u> this?	/ OR	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR	
С	Put a cross here if you didn't tell your GP or nurse		



5	4

3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



5	4
_	_

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

			-
			-
When did yethis?	ou <u>first notice</u>	/ OR	
When did your GP or nurse OR	ou <u>first tell</u> your e?	/ OR	
Put a cross	here if you our GP or nurse		
rwise go t	o Question 7.	ou feel is relevant, please write it below, m here and complete A then B or C below	
rwise go t	o Question 7.		
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
erwise go to	o Question 7.		-
erwise go to ease described when did you this?	o Question 7. Tibe the sympton Ou first notice Ou first tell your	m here and complete A then B or C below	-

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	5	4
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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



5 4

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	Ī
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1		
		Do you	live

member)

Do you live alone?

Please go to Question 12

No
Please say who you live with below

Who do you live with?

(e.g. wife, husband, partner, family

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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esearcher - Post-completio	on Sheet Researcher initials:
Date questionnaire completed:	Date / / / Time
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patien Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes	utes
For the patient selected to com	nplete the questionnaire on their own
Did the patient ask for any If yes,	y help? ☐ Yes ☐ No
	at help was requested
please specify wha	at help was given
For the patient selected for the	e researcher-administered questionnaire
Did the patient find any of If yes,	the questions difficult?
	ch questions and what the difficulty was
Was the patient made anxious If yes,	
please give details	
Where did the patient complete (Please specify whether this we the ward or other	e the questionnaire? vas in a separate room alone, in a corner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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		GLAN CLWYD
CID	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK







Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



5	5
---	---

or C below

3.	Change in bowel habit	
-	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

	diant ton your or marco	_
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite				
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2			
Α	When did you <u>first notice</u> this?	/ OR			
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR			
С	Put a cross here if you didn't tell your GP or nurse				
2.	Unexplained weight loss				
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3			
Α	When did you <u>first notice</u> this?	/ OR			
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR			
С	Put a cross here if you didn't tell your GP or nurse				



5	5

3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



5	5

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

5.		
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
P 6.	lease describe the sympton	n here and complete A then B or C below
Α	When did you <u>first notice</u> this?	
A B		

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	More you cent for any of these?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



5	5
---	---

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



5 5

10. How would you describe your ethnicity

Please cross one box only

White			
or White British			
White Irish			H
Other White background			H
Mixed			
or			
White & Black Carribean			
White & Black African			
White & Asian			
Other mixed background			
Black or Black British or			
Carribean			
African			
Other Black background			
Asian or Asian British			
or Indian			
Pakistani			H
Bangladeshi			H
Other Asian background			
Chinese or other ethnic group			
or Chinese			
Other ethnic group			
.			
	Yes		
Do you live alone?		Please go	to Question 1
	No	Please say	who vou live

member)

Who do you live with?

(e.g. wife, husband, partner, family

11.

with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	

13. About smoking

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



5	5

15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher .	- Post-comp	letion	Sheet
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Date questionnaire completed:

	5 5
Researcher initials:	
// Time	•
he questionnaire?	

If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes		aire?	
For the patient selected to compl	ete the questionnaire on t	heir own	
Did the patient ask for any heart	elp?	☐ Yes	☐ No
please specify what h	nelp was requested		
please specify what l	help was given		
For the patient selected for the re	esearcher-administered qu	uestionnair	<u>е</u>
Did the patient find any of the lf yes,	e questions difficult?	☐ Yes	☐ No
please specify which	questions and what the d	ifficulty wa	S
Was the patient made anxious? If yes,		☐Yes	□ No
please give details			
Where did the patient complete the	he questionnaire?		

Date

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 5 6





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

	5	6
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR

OR

B When did you <u>first tell</u> your GP or nurse?

C Put a cross here if you didn't tell your GP or nurse

OR



Section 2

5	6
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



5	6
---	---

3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No
	·	Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
т.	yourself' from usual	Yes
	Did you have this?	☐ Please complete A then B or C below☐ No☐ Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



5	6
_	_

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you could far any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



5 6

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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5 6

10. How would you describe your ethnicity

Please cross one box only

Whit	е				
or	White British				
	White Irish			H	
	Other White background			H	
Mixe	d				
or	White & Black Carribean				
	White & Black African			H	
	White & Asian			H	
	Other mixed background			H	
	k or Black British				
or	Carribean				
	African			Ħ	
	Other Black background			$ \; \; \sqcap \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; \; $	
Asia	n or Asian British				
or	Indian				
	Pakistani				
	Bangladeshi			H	
	Other Asian background				
Chin or	ese or other ethnic group				
Oi	Chinese				
	Other ethnic group				
Do yo	ou live alone?	Yes	Please go	to Question	12
		No	Please say	who you li	ve

member)

Who do you live with?

(e.g. wife, husband, partner, family

11.

with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Ast	hma	
Chi	ronic Obstructive Pulmonary Disease (COPD)	
Oth	ner lung disease (e.g. fibrosis, bronchiectatis etc)	
Hea	art disease	
Anx	kiety or depression	
Infl	ammatory bowel disease	
Irrit	able bowel syndrome	
Per	otic ulcer	
Pre	evious cancer	
Dia	betes	
Arth	nritis	
13. /	About smoking	
F	Please cross the appropriate statement	
A	Are you a current smoker?	
P	Are you an ex-smoker?	
A	Are you a non-smoker (never smoked)?	
r	Do you think you were more at isk of getting cancer because of your family history?	Yes



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

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4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

			J	Į.
Researcher initials:	Γ			

Date questionnaire completed: Date Date	
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	
For the patient selected to complete the questionnaire on their own	
Did the patient ask for any help? ☐ Yes ☐ No If yes,	
please specify what help was requested	
please specify what help was given	
For the patient selected for the researcher-administered questionnaire	
Did the patient find any of the questions difficult? Yes No If yes,	
please specify which questions and what the difficulty was	
Was the patient made anxious? ☐ Yes ☐ No If yes,	
please give details	
Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the	ne clinic,
the ward or other	

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PID - 5 7





		GLAN CLWYD
CID -	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

5	7
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you	/ OR
	didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

No .	e A then B or C below
☐ Please go to Se	ction 2
/ / OR	
/ / OR	



Section 2

5	7
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7. lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



5 7

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



5 7	
-----	--

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?			
	Please cross one box only			
	Employed full-time			
	Employed part-time			
	Self employed full-time			
	Self employed part-time			
	Unemployed (seeking work)			
	Unemployed (not seeking work)			
	Retired			
	Student			
	Permanently sick/disabled			
	Temporarily sick/disabled			
	Looking after family/home			
	Other, please describe			
9.	What is your highest level of qualification?			
	Please cross one box only			
	Degree (or equivalent)			
	Diploma (or equivalent)			
	'A' level			
	GCSE / 'O' level			
	None			
	Other, please specify			



5 7

10. How would you describe your ethnicity

Please cross one box only

White		
or White British		
White Irish		H
Other White background		H
Mixed		
or		
White & Black Carribean		
White & Black African		
White & Asian		
Other mixed background		
Black or Black British or		
Carribean		
African		
Other Black background		
Asian or Asian British or		
Indian		
Pakistani		
Bangladeshi		
Other Asian background		
Chinese or other ethnic group		
or Chinese		
Other ethnic group		H
Curer curino group		
Do you live alone?	No	o to Question 12 ay who you live

member)

Who do you live with?

(e.g. wife, husband, partner, family

11.



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (CO	PPD)
Other lung disease (e.g. fibrosis, bronchiecta	itis etc)
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statem	ent
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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	5 7
Researcher - Post-completion Sheet Researcher initials:	
Date questionnaire completed: Date / / / Time	
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	
For the patient selected to <u>complete the questionnaire on their own</u> Did the patient ask for any help? If yes,	o
please specify what help was requested	_
please specify what help was given	_
For the patient selected for the researcher-administered questionnaire	_
Did the patient find any of the questions difficult? Yes N If yes,	0
please specify which questions and what the difficulty was	_
We the nations made anyious?	_ _ _
Was the patient made anxious? ☐ Yes ☐ N If yes, please give details	0

Where did the patient complete the questionnaire?

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 5 8





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



5 8

3.	Change	in bowel	habit
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	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back	
₹.	passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
	OR	



Section 2

5	8
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



5	8
_	_

3.	Fatigue or tiredness that is unusual for you	Vac
	-	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



 5	8
_	_

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When this?	n did you <u>first notic</u>	<u>:e</u>	/	/	OR		
	n did you <u>first tell</u> y r nurse?	our	/[/	OR		
Put a	cross here if you tell your GP or nu	rse					
erwise	I another symptogeneral symptome go to Question describe the sy	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	n 7. mptom h					
erwise lease when this?	e go to Question	n 7. mptom h			nen B o		

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cout for any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



5 8

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
or White & Black Carribean	
White & Black African	П
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	Ħ
Other Black background	П
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	
Voc	

11. Do you live alone?	Yes No	Please go to Question 1 Please say who you live with below	
Who do you live with? (e.g. wife, husband, partner, family			

member)



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initials:]

Researcher - Post-completion	on Sheet	Researc	her initial	s:
Date questionnaire completed:	Date		/ 🔲	Time :
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes 🗆	the questionn	aire?	
For the patient selected to con	nplete the que	estionnaire on	their own	
Did the patient ask for any If yes,	y help?		☐ Yes	☐ No
please specify wha	at help was re	quested		
please specify wh	at help was g	iven		
For the patient selected for the	e researcher-a	administered o	uestionnai	<u>re</u>
Did the patient find any of If yes,	the questions	s difficult?	☐ Yes	☐ No
please specify whi	ch questions	and what the	difficulty wa	as
Was the patient made anxious If yes, please give details			☐ Yes	□ No
Where did the patient complet (Please specify whether this we the ward or other	•		e, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 5 9





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



5	9
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3.	Change	in	bowel	habit
·J-	Change	•••		HUDIL

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



5 9

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
		□ Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
•	yourself' from usual	Yes
	Did you have this?	☐ Please complete A then B or C below☐ No☐ Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



5	9

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR	
Put a cross here if you didn't tell your GP or nurse	
erwise go to Question 7.	ou feel is relevant, please write it below,
erwise go to Question 7.	
lease describe the symptom When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



5 9

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?				
	Were you sent for any of these?	Yes	Not sure	No	
	Blood test(s)				
	CT Scan				
	Ultrasound scan				
	Barium Enema				
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)				
	X-ray				

Please go to Question 8



5 9

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?				
	Please cross one box only				
	Employed full-time				
	Employed part-time				
	Self employed full-time				
	Self employed part-time				
	Unemployed (seeking work)				
	Unemployed (not seeking work)				
	Retired				
	Student				
	Permanently sick/disabled				
	Temporarily sick/disabled				
	Looking after family/home				
	Other, please describe				
9.	What is your highest level of qualification?				
	Please cross one box only				
	Degree (or equivalent)				
	Diploma (or equivalent)				
	'A' level				
	GCSE / 'O' level				
	None				
	Other, please specify				



5 9

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	П
Other White background	
Mixed	
or White & Black Carribean White & Black African White & Asian Other mixed background	
Black or Black British	
or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background	
Chinese or other ethnic group or Chinese Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma			
Chronic Obstructive Pulmonary Disease (COPD)			
Other lung disease (e.g. fibrosis, bronchiectatis etc)			
Heart disease			
Anxiety or depression			
Inflammatory bowel disease			
Irritable bowel syndrome			
Peptic ulcer			
Previous cancer			
Diabetes			
Arthritis			
- About smoking			

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
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3.	I feel upset				
4.	I am relaxed				
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6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Date questionnaire completed:	Date	//	Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patien Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes	res 🗆	questionnaire?	
For the patient selected to con Did the patient ask for any	-	nnaire on their own ☐ Yes	□No
If yes, please specify wha	t help was reques	ted	
please specify what	at help was given		
For the patient selected for the	researcher-admir	nistered questionna	<u>ire</u>
Did the patient find any of If yes,	the questions diff	icult?	☐ No
	ch questions and v	what the difficulty w	as
Was the patient made anxious If yes,	?	Yes	□ No
please give details			
Where did the patient complete (Please specify whether this we the ward or other	•		ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 6 0





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below stion 2
Α	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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3.	Change	in bowel	habit
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•	<u>-</u>	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage	Yes
	Did you have this symptom?	Please complete A then B or C below No
		Please go to Section 2
A	When did you <u>first notice</u> this?	
A B		Please go to Section 2



Section 2

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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



1610

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



6 0

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
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erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?				
•	were you sent for any or these?	Yes	Not sure	No	
	Blood test(s)				
	CT Scan				
	Ultrasound scan				
	Barium Enema				
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)				
	X-ray				

Please go to Question 8



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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



6 0

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	$\overline{\Box}$
Mixed	
or White & Black Carribean	
White & Black African	Ħ I
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	Ħ
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go	to	Question	12
-----------	----	----------	----

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

Version:- 2.1 08/01/2009 Page 13 of 14

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Researcher - Post-completion Sheet

Researcher initi	als: 「	

			
Date questionnaire completed:	Date /		Time
If not completed, give reason			
How long is it since the patient [was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minut Between 11 and 15 minut Longer than 15 minutes For the patient selected to com	res utes		
Did the patient ask for any If yes, please specify wha	help?	☐ Yes	□ No
please specify wha	at help was given		
For the patient selected for the	researcher-administe	ered questionnai	<u>re</u>
Did the patient find any of If yes,	the questions difficult	? Tes	☐ No
please specify whice	ch questions and what	t the difficulty wa	AS
Was the patient made anxious If yes, please give details	?	☐ Yes	□ No
Where did the patient complete (Please specify whether this with the ward or other	•	alone, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 6 1





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

|--|

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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3.	Change	in	bowel	habit
- 1	•			

•-		
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back	
	passage	Yes Diagon complete A then B or C helew
	Did you have this symptom?	Please complete A then B or C below No
		Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR

OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

6	1
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



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3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

			_
			-
When did yethis?	ou <u>first notice</u>	/ OR	
When did your GP or nurse OR	ou <u>first tell</u> your e?	/ OR	
Put a cross	here if you our GP or nurse		
rwise go t	o Question 7.	ou feel is relevant, please write it below, m here and complete A then B or C below	
rwise go t	o Question 7.		
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rwise go t	o Question 7.		-
erwise go to	o Question 7.		-
erwise go to ease described when did you this?	o Question 7. Tibe the sympton Ou first notice Ou first tell your	m here and complete A then B or C below	-

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



6 1

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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6 1

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	П
Other White background	
Mixed	
or White & Black Carribean White & Black African	
White & Asian	Ħ
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12
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Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc	;) <u> </u>
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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Yes [□ No
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☐ Yes 〔	□ No
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Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 6 2





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

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Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



Α

В

C

6 2

3. Change in bowel habit

Did you have this symptom?	Please complete A then B or C below No Please go to Question 4
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you	/ OR

4. Bleeding from back passage

Did you have this symptom?

didn't tell your GP or nurse

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	lease complete A then B or C below
	lease go to Section 2
/ [/ OR
/[/ OR



Section 2

6	2
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
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	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
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В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



6	2
10	

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you first notice	
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GP or nurse?ORPut a cross here if you	
didn't tell your GP or nurse	
erwise go to Question 7.	n here and complete A then B or C below
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Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
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	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



6	2
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About you

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	Temporarily sick/disabled				
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	Other, please describe				
9.	What is your highest level of qualification?				
	Please cross one box only				
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	Diploma (or equivalent)				
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	GCSE / 'O' level				
	None				
	Other, please specify				



6 2

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Please cross one box only

White	
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White Irish	Ħ
Other White background	Ī
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

F	Please	go	to Qu	estic	n 12
F	Please	sav	who	vou	live

with below

Yes



6 2

12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	

14. Do you think you were more at risk of getting cancer because of your family history?

Are you a non-smoker (never smoked)?

Yes	
No	



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3.	I feel upset				
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

	L	JI
searcher initials:		

	, —	
Date questionnaire completed: Date /]/	Time
f not completed, give reason		
How long is it since the patient was told of his/her diagnosis?		
How long did it take the patient to complete the questionnal Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	aire?	
For the patient selected to complete the questionnaire on	their own	
Did the patient ask for any help?	☐ Yes	□No
If yes, please specify what help was requested		
please specify what help was given		
For the patient selected for the researcher-administered q	uestionna	<u>ire</u>
Did the patient find any of the questions difficult? If yes,	☐ Yes	□ No
please specify which questions and what the c	difficulty wa	as
Was the patient made anxious? If yes, please give details	Yes	□ No
Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone the ward or other	e, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 6 3





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3. Change in bowel habit

-	_	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
. .	Bleeding from back passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

6 3

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



6	3
---	---

Fatigue or tiredness that is unusual for you	Yes
Did you have this?	No Please go to Question 4
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Put a cross here if you didn't tell your GP or nurse	
Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Put a cross here if you didn't tell your GP or nurse	
Please try and describe what th	ne feeling was
	is unusual for you Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse Feeling different 'in yourself' from usual Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse



6 3

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



6 3

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



6 3

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



6 3

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Н
Other mixed background	П
Black or Black British or	
Carribean	
African	Ħ
Other Black background	П
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

•

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
)	Please say who you live

with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

A	Asthma					
(Chronic Obstructive Pulmonary Disease (COPD)					
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)					
F	Heart disease					
P	Anxiety or depression					
lı	nflammatory bowel disease					
I	Irritable bowel syndrome					
F	Peptic ulcer					
F	Previous cancer					
	Diabetes					
Α	arthritis					
13.	About smoking					
	Please cross the appropriate statement					
	Are you a current smoker?					
	Are you an ex-smoker?					
	Are you a non-smoker (never smoked)?					

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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6	3
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<u>esearcher - Post-completio</u>	on Sheet Researcher Initials:
Date questionnaire completed:	Date / / / Time
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	utes
Did the patient ask for any lf yes,	mplete the questionnaire on their own y help? □ Yes □ No at help was requested
please specify wh	nat help was given
For the patient selected for the	e researcher-administered questionnaire
Did the patient find any of If yes,	f the questions difficult?
please specify whi	ich questions and what the difficulty was
Was the patient made anxious lf yes, please give details	
Where did the patient complet (Please specify whether this with the ward or other	te the questionnaire? vas in a separate room alone, in a corner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 6 4





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK







Version:- 2.1 08/01/2009 Page 1 of 14



Dear Patient

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I hope the information you supply will help us give people a diagnosis earlier.

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

6	4
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2		
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'	
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate	
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse			



6 4	:
-----	---

3.	Change in bowel habit	
•	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you first tell your	

	GP or nurse?	
	OR	
С	Put a cross here if you didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- **A** When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please complete Please go to Sec	A then B or C below
/	/ OR	
/	/ OR	



Section 2

6	4
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



 6	4

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



6	4
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	П
Mixed or	
White & Black Carribean	
White & Black African	Ħ
White & Asian	Ī
Other mixed background	
Black or Black British or	
Carribean	
African	П
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

|--|--|

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	
14. Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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<u>esearcher - Post-completio</u>	<u>II SIIEEL</u>	Researcher initia	ais.
Date questionnaire completed:	Date	//	Time :
If not completed, give reason			
How long is it since the patient [was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minut Between 11 and 15 minutes Longer than 15 minutes	es 🗆	questionnaire?	
For the patient selected to com	plete the question	nnaire on their own	<u>1</u>
Did the patient ask for any If yes,	help?	☐ Yes	☐ No
please specify wha	t help was reques	sted	
please specify wha	at help was given		
For the patient selected for the	researcher-admi	nistered questionna	aire
Did the patient find any of If yes,	the questions diff	icult?	☐ No
please specify whice	ch questions and	what the difficulty v	vas
Was the nationt made anxious	2	F	
Was the patient made anxious If yes,	·	☐ Yes	□ No
please give details			
Where did the patient complete (Please specify whether this we the ward or other	•		rner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 6 5





		GLAN CLWYD
CID -	Ī	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

6 5

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
----	--------	----	-------	-------

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	didiretell your or or ridio	
4	·	
4.	Bleeding from back passage	Yes
4.	Bleeding from back	Yes Please complete A then B or C below No Please go to Section 2
4.	Bleeding from back passage	Please complete A then B or C below

C Put a cross here if you didn't tell your GP or nurse



Section 2

6	5
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



6 5

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> his?	/ OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
wise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
wise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7. ease describe the symptom	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



6 5

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	6	5
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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



6 5

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	П
Mixed or	
White & Black Carribean	
White & Black African	\Box
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11. Do you live alone?	Yes No	Please go to Question 12 Please say who you live with below
Who do you live with? (e.g. wife, husband, partner, family		
member)		



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initials:		
– . – – . – –	 ····	 r

Date questionnaire completed:	Date / [Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minute Longer than 15 minutes	 	onnaire?	
For the patient selected to comp	ete the questionnaire	on their own	
Did the patient ask for any l	elp?	☐ Yes	□ No
please specify what	nelp was requested		
please specify what	help was given		
For the patient selected for the r	esearcher-administere	d questionna	<u>ire</u>
Did the patient find any of the lf yes,	e questions difficult?	☐ Yes	□ No
please specify which	questions and what th	ne difficulty w	as
Was the patient made anxious? If yes, please give details		☐ Yes	□ No
Where did the patient complete (Please specify whether this wa the ward or other	•	lone, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 6 6





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

6	6
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

<u>Yes</u>	
Ш	Please continue with Question 2
No	
	Please go to Section 2 on Page 5
	,
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



3.	Change	in	bowel	habit
·J-	Change	•••		HUDIL

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

6	6
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you	/ OR
	Please try and describe what the	ne feeling was



	6	6
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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7. ease describe the symptom	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



6 6

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you could far any of these O			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	6	6
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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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6 6

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

I	1,		

4 4

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Yes	
	Please go to Question 12
No	Please say who you live with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma		
Chronic Obstructi	ve Pulmonary Disease (COPD)	
Other lung diseas	e (e.g. fibrosis, bronchiectatis etc)	
Heart disease		
Anxiety or depres	sion	
Inflammatory bow	vel disease	
Irritable bowel syr	ndrome	
Peptic ulcer		
Previous cancer		
Diabetes		
Arthritis		
13. About smoki	ng	
	the appropriate statement	
Are you a curre	ent smoker?	
Are you an ex-s	smoker?	
Are you a non-s	smoker (never smoked)?	
	ou were more at cancer because of story?	Yes No



	6	6
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15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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esearcher - Post-completio	ii Oneet i	vesearcher iinti	ais
Date questionnaire completed:	Date	//	Time [
If not completed, give reason			
How long is it since the patient [was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minut Between 11 and 15 minutes Longer than 15 minutes	es 🗆	questionnaire?	
For the patient selected to com	plete the question	nnaire on their ow	<u>n</u>
Did the patient ask for any If yes,	help?	☐ Yes	s □ No
please specify wha	t help was reques	ted	
please specify wha	at help was given		
For the patient selected for the	researcher-admir	nistered questionn	naire
Did the patient find any of If yes,	the questions diff	icult?	No No
please specify whice	ch questions and v	what the difficulty	was
Was the patient made anxious If yes,	?	☐ Yes	s □ No
please give details			
Where did the patient complete (Please specify whether this w the ward or other	-		orner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 6 7





		GLAN CLWYD
CID	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK







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Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

6	7
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> tell your GP or nurse		



6 7

3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

4.	Bleeding from back
	passage

Did you have this symptom?

- **A** When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?

 OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please go to Sec	A then B or C below
/	/ OR	
/	/ OR	



Section 2

6	7
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
╼.	yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



6	7
---	---

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When this?	n did you <u>first notic</u>	<u>:e</u>	/	/	OR		
	n did you <u>first tell</u> y r nurse?	our	/[/	OR		
Put a	cross here if you tell your GP or nu	rse					
erwise	I another symptogeneral symptome go to Question describe the sy	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	n 7. mptom h					
erwise lease when this?	e go to Question	n 7. mptom h			nen B o		

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Wans was sant fan ans of these			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



6 7

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?		
	Please cross one box only		
	Employed full-time		
	Employed part-time		
	Self employed full-time		
	Self employed part-time		
	Unemployed (seeking work)		
	Unemployed (not seeking work)		
	Retired		
	Student		
	Permanently sick/disabled		
	Temporarily sick/disabled		
	Looking after family/home		
	Other, please describe		
9.	What is your highest level of qualification?		
	Please cross one box only		
	Degree (or equivalent)		
	Diploma (or equivalent)		
	'A' level		
	GCSE / 'O' level		
	None		
	Other, please specify		

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6 7

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean White & Black African White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

|--|--|

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
)	Please say who you live

with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
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4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Shee

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<u>esearcher - Post-completio</u>	<u>n Sheet</u> Researcher initials:
Date questionnaire completed:	Date / / / Time
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	_
For the patient selected to con	nplete the questionnaire on their own
Did the patient ask for any If yes,	·
please specify wha	at help was requested
please specify wh	at help was given
For the patient selected for the	researcher-administered questionnaire
Did the patient find any of If yes,	the questions difficult?
•	ch questions and what the difficulty was
Was the patient made anxious	?
please give details	
Where did the patient complet (Please specify whether this w	e the questionnaire? ras in a separate room alone, in a corner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 6 8





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

4. Bleeding from back passage

C Put a cross here if you

Did you have this symptom?

didn't tell your GP or nurse

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes Please complete A then B or C below No Please go to Section 2
/ OR
/ OR



Section 2

6	8
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



6 8

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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6 8

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	Ī
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11. Do you live alone?	Yes No	Please go to Question 12 Please say who you live with below
Who do you live with? (e.g. wife, husband, partner, family member)		



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma		
Chronic Obstructi	ve Pulmonary Disease (COPD)	
Other lung diseas	e (e.g. fibrosis, bronchiectatis etc)	
Heart disease		
Anxiety or depres	sion	
Inflammatory bow	vel disease	
Irritable bowel syr	ndrome	
Peptic ulcer		
Previous cancer		
Diabetes		
Arthritis		
13. About smoki	ng	
	the appropriate statement	
Are you a curre	ent smoker?	
Are you an ex-s	smoker?	
Are you a non-s	smoker (never smoked)?	
	ou were more at cancer because of story?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completio	n Sheet	Researc	her initial	s:
Date questionnaire completed:	Date		/	Time .
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patien Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	tes 🗆	the questionr	naire?	
For the patient selected to con	nplete the que	estionnaire on	their own	
Did the patient ask for any If yes,	/ help?		☐ Yes	□ No
please specify wha	at help was re	quested		
please specify wh	at help was g	iven		
For the patient selected for the			-	
Did the patient find any of If yes,	the questions	s difficult?	Yes	☐ No
please specify which	ch questions	and what the	difficulty wa	as
Was the patient made anxious	6?		☐ Yes	□No
please give details				
Where did the patient complet (Please specify whether this we the ward or other	•		ne, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 6 9





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



6	9
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3.	Change	in	bowel	habit
- D_				

•	-	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
	, , , , , , , , , , , , , , , , , , ,	



Section 2

6 9

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
		Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 3
Α	When did you first notice this?	No
A B	When did you <u>first notice</u>	No Please go to Question 3



6 9

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



6	9

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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6 9

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	\Box
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	Ä
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

D	o you	live	alone′	?

11.

Who do you live with? (e.g. wife, husband, partner, family member)

Yes	Please go to Question 12
No	Please say who you live with below



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
13. About smoking	
Please cross the appropriate statement	
Are you a current smoker?	

14. Do you think you were more at risk of getting cancer because of your family history?

Are you an ex-smoker?

Are you a non-smoker (never smoked)?

Yes

No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

	•	 -
Researcher initials:		

Date questionnaire completed: Date	
If not completed, give reason	
How long is it since the patient was told of his/her diagnosis?	
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	
For the patient selected to complete the questionnaire on their own	
Did the patient ask for any help? ☐ Yes ☐ No If yes,	
please specify what help was requested	
please specify what help was given	
For the patient selected for the researcher-administered questionnaire	
Did the patient find any of the questions difficult? Yes No If yes,	
please specify which questions and what the difficulty was	
Was the patient made anxious?	
If yes, please give details	
Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic,	
the ward or other	

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 7 0





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	0
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3. Change in bowel hab	it
------------------------	----

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
_		

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?

 OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please complete	A then B or C below
	Please go to Sect	tion 2
/	/ OR [
/	/ OR [



Section 2

7 0

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7	0

Fatigue or tiredness that is unusual for you	Yes
Did you have this?	Please complete A then B or C below No Please go to Question 4
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Feeling different 'in	
yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
When did you <u>first notice</u> this?	/ OR
When did you <u>first tell</u> your GP or nurse?	/ OR
Put a cross here if you didn't tell your GP or nurse	
Please try and describe what the	ne feeling was
	is unusual for you Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse Feeling different 'in yourself' from usual Did you have this? When did you first notice this? When did you first tell your GP or nurse? OR Put a cross here if you



 7	0

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7	Wana (((() 0			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



7	0
•	_

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?			
	Please cross one box only			
	Employed full-time			
	Employed part-time			
	Self employed full-time			
	Self employed part-time			
	Unemployed (seeking work)			
	Unemployed (not seeking work)			
	Retired			
	Student			
	Permanently sick/disabled			
	Temporarily sick/disabled			
	Looking after family/home			
	Other, please describe			
9.	What is your highest level of qualification?			
	Please cross one box only			
	Degree (or equivalent)			
	Diploma (or equivalent)			
	'A' level			
	GCSE / 'O' level			
	None			
	Other, please specify			

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	П
Other White background	
Mixed	
or White & Black Carribean White & Black African	
White & Asian	Ħ
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go	to Question 1	2
-----------	---------------	---

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma		
Chronic Obstructive Pulmonary Disease (COPD)		
Other lung disease (e.g. fibrosis, bronchiectatis etc	;) <u> </u>	
Heart disease		
Anxiety or depression		
Inflammatory bowel disease		
Irritable bowel syndrome		
Peptic ulcer		
Previous cancer		
Diabetes		
Arthritis		
13. About smoking		
Please cross the appropriate statement		
Are you a current smoker?		
Are you an ex-smoker?		
Are you a non-smoker (never smoked)?		
14. Do you think you were more at risk of getting cancer because of your family history?	Yes	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher initials:	

Date questionnaire completed:	Date / [Time
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes		onnaire?	
For the patient selected to complete Did the patient ask for any half yes, please specify what half the patient selected to complete the patient selected the patient selected to complete the patient selected the patient selected to complete the patient selected to complete the patient selected the patient selected to complete the patient selected the patient s	elp?	on their own ☐ Yes	□No
please specify what	nelp was given		
For the patient selected for the re Did the patient find any of th If yes,		d questionna ☐ Yes	ire \(\tag{No}
please specify which	questions and what th	ne difficulty wa	as
Was the patient made anxious? If yes, please give details		☐ Yes	☐ No
Where did the patient complete t (Please specify whether this was	•	lone, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 7 1





		GLAN CLWYD
CID	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	1
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
- D_				

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No
		Please go to Section 2
Α	When did you <u>first notice</u> this?	
A B		Please go to Section 2



Section 2

7	1
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7	1
/	

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

Mana way aget for any of these				
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



7	1

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



10. How would you describe your ethnicity

Please cross one box only

White			
or White British			
White Irish			H
Other White background			
Mixed			
or			
White & Black Carribean			
White & Black African			
White & Asian			
Other mixed background			
Black or Black British or			
Carribean			
African			
Other Black background			Ħ
Asian or Asian British			
or Indian			
Pakistani			H
Bangladeshi			H
Other Asian background			H
Cirioi / Iolair baokground			
Chinese or other ethnic group			
or Chinese			
Other ethnic group			
Do you live alone?	Yes	Please go	to Question 12
	No	Please say with below	who you live

member)

Who do you live with? (e.g. wife, husband, partner, family

11.



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking Please cross the appropriate statement	

13

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

	<u> </u>			
Date questionnaire completed:	Date	/	Time	-
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minute Longer than 15 minutes	es ites ites			
For the patient selected to com Did the patient ask for any If yes, please specify wha	help?	<u>Titleli Owli</u> ☐ Yes	□ No	
please specify what the patient selected for the		questionna	ire	
Did the patient find any of If yes, please specify which	•	☐ Yes	□ No as	
Was the patient made anxious of the patient made anxious o	?	☐ Yes	□ No	
Where did the patient complete (Please specify whether this wathe ward or other		ne, in a cori	ner of the clin	nic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009









		GLAN CLWYD
CID -	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK







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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	2
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



7 2	2
-----	---

B or **C** below

3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR

С	GP or nurse? OR Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you <u>didn't tell</u> your GP or nurse	/ OR



Section 2

7	2
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7	2

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Whe this?	en did you <u>first notice</u>	/ OR
	en did you <u>first tell</u> your or nurse?	/ OR
Put a	a cross here if you 't tell your GP or nurse	
rwis	se go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis	se go to Question 7.	
erwis Please	e describe the sympten did you first notice	
Please	e describe the sympten did you first notice	om here and complete A then B or C below
Vhe this?	e describe the sympten did you first notice	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



7 2	2
-----	---

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12
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Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Shee

7	2

Researcher - Post-completion Sheet Researcher initials:
Date questionnaire completed: Date
If not completed, give reason
How long is it since the patient was told of his/her diagnosis?
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes
For the patient selected to complete the questionnaire on their own
Did the patient ask for any help? ☐ Yes ☐ No If yes,
please specify what help was requested
please specify what help was given
For the patient selected for the researcher-administered questionnaire
Did the patient find any of the questions difficult? Yes No If yes,
please specify which questions and what the difficulty was
Was the patient made anxious?
If yes, please give details
Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 7 3





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK







Version:- 2.1 08/01/2009 Page 1 of 14



Dear Patient

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	3
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



7 3

3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
B C	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse	/ OR
	,	

4. Bleeding from back passage

Did you have this symptom?

- **A** When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR
C Put a cross

C Put a cross here if you didn't tell your GP or nurse

•	e A then B or C below
No Please go to Se	ction 2
/ / OR	
/ / OR	



Section 2

7	3
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No
		Please go to Question 3
Α	When did you <u>first notice</u> this?	
A B	<u> </u>	Please go to Question 3



7	3
---	---

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



7	3
---	---

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

			_
			-
When did yethis?	ou <u>first notice</u>	/ OR	
When did your GP or nurse OR	ou <u>first tell</u> your e?	/ OR	
Put a cross	here if you our GP or nurse		
rwise go t	o Question 7.	ou feel is relevant, please write it below, m here and complete A then B or C below	
rwise go t	o Question 7.		
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
rwise go t	o Question 7.		-
erwise go to	o Question 7.		-
erwise go to ease described when did you this?	o Question 7. Tibe the sympton Ou first notice Ou first tell your	m here and complete A then B or C below	-

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



7 3

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?				
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



7 3

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Ä
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go	to	Question	12
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Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
Ala aut ann a lein n	

13. About smoking

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

esearcher initials:	7

esearcher - Post-completio	ii oneet	esearcher initial	,3.
Date questionnaire completed:	Date	//	Time
f not completed, give reason			
How long is it since the patient vas told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes 🗆	uestionnaire?	
For the patient selected to con Did the patient ask for any If yes, please specify wha	/ help?	☐ Yes	□ No
please specify wh	at help was given		
For the patient selected for the Did the patient find any of			i <u>re</u>
If yes, please specify which	ch questions and w	hat the difficulty wa	as
Was the patient made anxious If yes, please give details		☐ Yes	□ No
Where did the patient complet (Please specify whether this w	-		ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 7 4





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	4
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



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it

' =	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR Put a cross here if you didn't tell your GP or nurse	/ OR
' •	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2

- **A** When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?
 OR
- C Put a cross here if you didn't tell your GP or nurse

No Please go to Sec	tion 2
/ OR	
/ OR	



Section 2

7	4
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7 4	
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3.	Fatigue or tiredness that	
	is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No
Α	When did you <u>first notice</u> this?	Please go to Question 5 OR OR
В	When did you <u>first tell</u> your GP or nurse? OR	
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



 7	4
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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When this?	n did you <u>first notic</u>	<u>:e</u>	/	/	OR		
	n did you <u>first tell</u> y r nurse?	our	/[/	OR		
Put a	cross here if you tell your GP or nu	rse					
erwise	I another symptogeneral symptome go to Question describe the sy	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	1 7 .					
erwise	go to Question	n 7. mptom h					
erwise lease when this?	e go to Question	n 7. mptom h			nen B o		

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



7	4
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	7	4
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About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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7 4

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	П
White & Black African	Ħ
White & Asian	Ī
Other mixed background	\Box
Black or Black British or	
Carribean	
African	Ħ
Other Black background	\Box
Asian or Asian British	
or Indian	П
Pakistani	
Bangladeshi	Ħ
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
10	
	Please say who you live

with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	П
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion	on Sheet	Researc	her initial	s:
Date questionnaire completed:	Date		/	Time
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes utes	the questionr	naire?	
For the patient selected to cor	nplete the qu	estionnaire on	their own	
Did the patient ask for any lf yes,	y help?		☐ Yes	□No
please specify wha	at help was re	equested		
please specify wh	at help was g	jiven		
For the patient selected for the	e researcher-	administered o	questionnai	<u>re</u>
Did the patient find any of If yes,	the question	s difficult?	Yes Yes	☐ No
please specify whi	ch questions	and what the	difficulty wa	as
Was the patient made anxious	s?		☐ Yes	□ No
If yes, please give details	1			
Where did the patient complet (Please specify whether this with the ward or other	•		ne, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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		GLAN CLWYD
CID -	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK







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Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7 5	
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



	7	5
--	---	---

3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No
Α	When did you <u>first notice</u>	☐ Please go to Question 4 ☐ / ☐ OR ☐
^	this?	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back	
₹.	passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR

OR

B When did you <u>first tell</u> your GP or nurse?

OR



Section 2

7	5
---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7	5
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3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



7 5

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
wise go to Question 7.	ou feel is relevant, please write it below, in here and complete A then B or C below
rwise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
ease describe the sympton When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



7 5

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	W			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



10. How would you describe your ethnicity

Please cross one box only

White		
or White British		
White Irish		H
Other White background		
Mixed		
or		
White & Black Carribean		
White & Black African		
White & Asian		
Other mixed background		
Black or Black British		
or Carribean		
African		H
Other Black background		H
Asian or Asian British		
or Indian		
Pakistani		H
Bangladeshi		H
Other Asian background		
Chinese or other ethnic group or		
Chinese		
Other ethnic group		
	Yes	
Do you live alone?	Please go	to Question

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 12
Please say who you live with below



7	5

12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Δ	Asthma	
C	Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
F	leart disease	
Δ	anxiety or depression	
lr	nflammatory bowel disease	
lı	rritable bowel syndrome	
F	Peptic ulcer	
F	Previous cancer	
	Diabetes	
А	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

	7 5
Researcher initials:	
_,,	

Date questionnaire completed:	Date / _		Time :
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	tes utes		
For the patient selected to <u>con</u> Did the patient ask for any If yes, please specify wha	- ·	<u>□ Yes</u>	□No
please specify wh	at help was given		
For the patient selected for the	e researcher-administered	d questionna	<u></u> i <u>re</u>
Did the patient find any of If yes,	·	Yes	□ No
please specify will	ch questions and what the	e announty w	ds
Was the patient made anxious If yes, please give details		☐ Yes	□ No

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 7 6





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK







Version:- 2.1 08/01/2009 Page 1 of 14



Dear Patient

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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	6
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	d d / m m / y y OR Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR Estimate
С	Put a cross here if you <u>didn't</u> tell your GP or nurse	



7	6
---	---

3.	Change	in	bowel	habit
- D_				

-	_	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
. .	Bleeding from back passage	Yes Please complete A then B or C below
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

7	6
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7	6
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3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



7	6

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



10. How would you describe your ethnicity

Please cross one box only

member)

Who do you live with?

(e.g. wife, husband, partner, family

11.



7	6
---	---

12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

А	sthma	
C	Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
H	leart disease	
А	nxiety or depression	
Ir	nflammatory bowel disease	
Ir	ritable bowel syndrome	
P	eptic ulcer	
P	revious cancer	
D	Diabetes	
Α	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes D



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

Researcher init	ials:

Date questionnaire completed:	Date / /	/	Time .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	s 🗆	naire?	
For the patient selected to comp	lete the questionnaire o	n their own	
Did the patient ask for any half yes,	nelp?	☐ Yes	□ No
please specify what	help was requested		
please specify what	help was given		
For the patient selected for the r	esearcher-administered	questionna	<u>ire</u>
Did the patient find any of the If yes,	ne questions difficult?	☐ Yes	☐ No
•	n questions and what the	e difficulty wa	as
Was the patient made anxious?		☐ Yes	□No
If yes, please give details			
Where did the patient complete (Please specify whether this was the ward or other	•	ne, in a cori	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

1 - 1 -

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



3.	Change	in	bowel	habit
·J-	Change	•••		HUDIL

•	<u> </u>	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
	OR	



Section 2

7	7
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7	7

3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

Vhen did you <u>first notice</u> his?	/OR
When did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you didn't tell your GP or nurse	
wise go to Question 7.	ou feel is relevant, please write it below, in here and complete A then B or C below
rwise go to Question 7.	
rwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
ease describe the sympton When did you first notice	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any or these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Question 1	2
-------------------------	---

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	

13. About smoking

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009



If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher -	Post-comp	letion	Sheet

Date questionnaire completed:

777
Researcher initials:
//

If not completed, give reason How long is it since the patient was told of his/her diagnosis? How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes For the patient selected to complete the questionnaire on their own Did the patient ask for any help? ☐ Yes □ No If yes, please specify what help was requested please specify what help was given For the patient selected for the researcher-administered questionnaire Did the patient find any of the questions difficult? Yes If yes, please specify which questions and what the difficulty was Was the patient made anxious? Yes No If yes, please give details Where did the patient complete the questionnaire?

Date

(Please specify whether this was in a separate room alone, in a corner of the clinic, the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009









	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK







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Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	8

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes	
	Did you have this symptom?	No Please go to Sec	A then B or C below
Α	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



7 8

3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- **A** When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?
 OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please complete A then B or C below
	Please go to Section 2
/	/ OR
/	/ OR



Section 2

1 / 1 0

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Please go to Question 4
A	When did you <u>first notice</u> this?	
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was
	Trease try and describe what th	le reening was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
• •	were you sent for any or these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Н
Other mixed background	П
Black or Black British or	
Carribean	
African	Ħ
Other Black background	П
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	П
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

•

Do you live alone?

Version:- 2.1 08/01/2009

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
lo	Please say who you live with below

Yes





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

	Asthma	
	Chronic Obstructive Pulmonary Disease (COPD)	
	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
	Heart disease	
	Anxiety or depression	
	Inflammatory bowel disease	
	Irritable bowel syndrome	
	Peptic ulcer	
	Previous cancer	
	Diabetes	
4	Arthritis	
13	- About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14	 Do you think you were more at risk of getting cancer because of your family history? 	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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57727 Researcher - Post-completion Sh

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Researcher - Post-completion	<u>Sheet</u> Research	er initials:	
Date questionnaire completed:	Date / /	/ Ti	me :
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient to Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	s \square	nire?	
For the patient selected to comp	lete the questionnaire on t	heir own	
Did the patient ask for any h	nelp?	☐ Yes [□ No
If yes, please specify what I	help was requested		
please specify what	help was given		
For the patient selected for the re	esearcher-administered qu	<u>uestionnaire</u>	
Did the patient find any of the If yes,	ne questions difficult?	Yes [□ No
	questions and what the di	ifficulty was	
Was the patient made anxious?		☐ Yes [No
please give details			
Where did the patient complete to (Please specify whether this was the ward or other	•	, in a cornei	r of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 7 9





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK







Version:- 2.1 08/01/2009 Page 1 of 14



Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

7	9
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complet No Please go to Se	e A then B or C below ection 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



7	9
---	---

3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
1.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
		□ Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

1,1-

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you first notice this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



7 9

3.	Fatigue or tiredness that is unusual for you	Vac
	-	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	ne feeling was



 7	9

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
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erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	?
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	Ī
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

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Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

		.J	-
Researcher initials:			

Date questionnaire completed: Date / Time
If not completed, give reason
How long is it since the patient was told of his/her diagnosis?
How long did it take the patient to complete the questionnaire? Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes
For the patient selected to complete the questionnaire on their own
Did the patient ask for any help? ☐ Yes ☐ No If yes,
please specify what help was requested
please specify what help was given
For the patient selected for the researcher-administered questionnaire
Did the patient find any of the questions difficult? Yes No If yes,
please specify which questions and what the difficulty was
Was the patient made anxious? ☐ Yes ☐ No If yes,
please give details
Where did the patient complete the questionnaire? (Please specify whether this was in a separate room alone, in a corner of the clinic,
the ward or other

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

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PID - 8 0





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









Dear Patient

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Yours sincerely

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Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complet No Please go to Se	e A then B or C below ection 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



8	0
---	---

3. Change in bowel habit

-	Did you have this symptom?	Yes Please complete A then B or C below No
		Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
ı	Blooding from back	
١.	Bleeding from back passage	Yes
	Did you have this symptom?	No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
R	When did you first tell your	CT / CT OR C

GP or nurse?

C Put a cross here if you didn't tell your GP or nurse

OR



Section 2

8	0
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2	Unexplained weight loss	
2.	Unexplained weight loss Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
2. A		Please complete A then B or C below
	Did you have this? When did you <u>first notice</u>	Please complete A then B or C below No Please go to Question 3



8	0
---	---

3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
	Did you have this:	No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	ne feeling was



8	0

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
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wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7	Ware you cont for any of those?			
•	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14



10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	Ħ
Mixed	
or White & Black Carribean White & Black African White & Asian	
Other mixed background	
Black or Black British	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	
Bangladeshi	
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker?	
Are you an ex-smoker?	
Are you a non-smoker (never smoked)?	

14. Do you think you were more at risk of getting cancer because of your family history?

Yes	
No	



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet

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esearcher initials:		

esearcher - Post-completio	II SHEEL	iveseai ciii	zi illittais	o
Date questionnaire completed:	Date	/	/	Time .
f not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	es 🗆	questionnai	re?	
For the patient selected to con	plete the questio	nnaire on th	neir own	
Did the patient ask for any If yes,	help?		☐ Yes	□No
please specify wha	t help was reque	sted		
please specify wh	at help was given			
For the patient selected for the	researcher-admi	nistered qu	estionnair	<u></u> <u>'e</u>
Did the patient find any of	the questions diff	ficult?	Yes	☐ No
If yes, please specify whi	ch questions and	what the dit	ficulty wa	s
Was the patient made anxious If yes,	?		Yes	☐ No
please give details				
Where did the patient complet (Please specify whether this with the ward or other	-		in a corn	er of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

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PID - 8 1





		GLAN CLWYD
CID	-	GWYNEDD
		MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

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Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3.	Change	in	bowel	habit
- D_				

O.	U	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	



Section 2

8	1
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	No Rease go to Ougstion 4
		□ Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
4	Eagling different lin	
4.	Feeling different 'in yourself' from usual	Yes
	,	Please complete A then B or C below
	Did you have this?	No
		□ Please go to Question 5
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you	
	didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



8	1

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
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If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



8	1
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



8 1

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14





10. How would you describe your ethnicity

Please cross one box only

No Please say who you live with below	White		
Other White background Mixed or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group			
Mixed or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Or Please go to Question 12 No Please say who you live with below	White Irish		H
or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group Or Chinese Other ethnic group	Other White background		H
White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Other Asian background Please go to Question 12 No Please say who you live with below			
White & Asian Other mixed background Black or Black British or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Please go to Question 12 No Please say who you live with below			
Other mixed background Black or Black British or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Other ethnic group Please go to Question 12 No Please say who you live with below	White & Black African		
Black or Black British or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group	White & Asian		
or Carribean African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Or Please go to Question 12 No Please say who you live with below	Other mixed background		
African Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Please go to Question 12 No Please say who you live with below			
Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Please go to Question 12 No Please say who you live with below	Carribean		
Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Please go to Question 12 No Please say who you live with below	African		
or Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Do you live alone? Yes Please go to Question 12 No Please say who you live with below	Other Black background		
Indian Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Please go to Question 12 No Please say who you live with below	Asian or Asian British		
Pakistani Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group Please go to Question 12 No Please say who you live with below			
Bangladeshi Other Asian background Chinese or other ethnic group or Chinese Other ethnic group The second state of the s			
Other Asian background Chinese or other ethnic group or Chinese Other ethnic group Other ethnic group The second or Chinese Other ethnic group The secon			
Or Chinese Other ethnic group Yes Please go to Question 12 No Please say who you live with below	_		
Chinese Other ethnic group Yes Please go to Question 12 No Please say who you live with below			
Other ethnic group Yes Please go to Question 12 No Please say who you live with below			
Do you live alone? Please go to Question 12 No Please say who you live with below			
Who do you live with?	Do you live alone?	Please go to No Please say	
	Who do you live with? (e.g. wife, husband, partner, family		

member)

11.





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

C	Asthma Chronic Obstructive Pulmonary Disease (COPD) Other lung disease (e.g. fibrosis, bronchiectatis etc) Heart disease	
	Anxiety or depression Inflammatory bowel disease	
lı	rritable bowel syndrome	
F	Peptic ulcer Previous cancer	
	Diabetes Arthritis	
13.	About smoking Please cross the appropriate statement Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes D



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion She

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<u> Researcher - Post-completior</u>	<u>ı Sheet</u> Resea	rcher initials:	
Date questionnaire completed:	Date / /	/ті	me .
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minute Longer than 15 minutes	es 🗆	onnaire?	
For the patient selected to com	olete the questionnaire	on their own	
Did the patient ask for any	help?	☐ Yes	□ No
If yes, please specify what	help was requested		
please specify wha	t help was given		
For the patient selected for the	researcher-administere	d questionnaire	
Did the patient find any of t If yes,	he questions difficult?	☐ Yes	□ No
	h questions and what th	ne difficulty was	
Was the patient made anxious?)	☐ Yes	□ No
please give details			
Where did the patient complete (Please specify whether this wathe ward or other		lone, in a corne	r of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 8 2





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

8	2

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you first notice this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		





3.	Change in bowel habit	
	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	



Section 2

8	2
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below No
		☐ Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
	yourself' from usual	Yes Please complete A then B or C below
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



8	2
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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



8 2

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



8 2

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



10. How would you describe your ethnicity

Please cross one box only

White	
or White British White Irish Other White background	
Mixed or White & Black Carribean White & Black African White & Asian Other mixed background Black or Black British or Carribean African	
Other Black background Asian or Asian British or Indian Pakistani Bangladeshi Other Asian background	
Chinese or other ethnic group or Chinese Other ethnic group	
Do you live alone?	Yes Please go to Question 12 No Please say who you live with below
Who do you live with? (e.g. wife, husband, partner, family member)	

11.





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

A	Asthma	
(Chronic Obstructive Pulmonary Disease (COPD)	
(Other lung disease (e.g. fibrosis, bronchiectatis etc)	
ŀ	Heart disease	
A	Anxiety or depression	
I	nflammatory bowel disease	
I	rritable bowel syndrome	
F	Peptic ulcer	
F	Previous cancer	
[Diabetes	
P	Arthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes No

8	2
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15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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esearcher - Post-completio	<u>n Sheet</u> Researcher in	nitials:
Date questionnaire completed:	Date / / / / /	Time :
If not completed, give reason		
How long is it since the patient was told of his/her diagnosis?		
How long did it take the patien Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes		
For the patient selected to con	plete the questionnaire on their o	<u>own</u>
Did the patient ask for any If yes,	help?	Yes
•	t help was requested	
please specify who	at help was given	
For the patient selected for the	researcher-administered question	<u>onnaire</u>
Did the patient find any of If yes,	the questions difficult?	Yes
•	ch questions and what the difficul	lty was
Was the nationt made anxious	2	
Was the patient made anxious If yes,	?	Yes No
please give details		
M/b are did the matient agent to	a the guestian = in 0	
Where did the patient complete (Please specify whether this we the ward or other	e the questionnaire? as in a separate room alone, in a	a corner of the

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 8 3





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK







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Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

8	3

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



8 3

3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Bleeding from back passage Did you have this symptom?	Yes Please complete A then B or C below No Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR

OR

B When did you <u>first tell</u> your GP or nurse?

C Put a cross here if you didn't tell your GP or nurse

OR



Section 2

8 3

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	





3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
	Dia yeu nave une.	No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
7.	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was
	-	



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If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u> this?	
When did you <u>first tell</u> your GP or nurse? OR	/ OR
Put a cross here if you didn't tell your GP or nurse	
rwise go to Question 7.	ou feel is relevant, please write it below,
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7. ease describe the symptom	n here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
• •	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



8 3

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	H
Mixed or	
White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British or	
Indian	
Pakistani	\Box
Bangladeshi	
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

11.

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please go to Questic	n 12

Please say who you live with below

Yes





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Å	Asthma	
(Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
H	Heart disease	
Þ	Anxiety or depression	
I	nflammatory bowel disease	
I	rritable bowel syndrome	
F	Peptic ulcer	
F	Previous cancer	
	Diabetes	
Α	arthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes No

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15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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<u>esearcher - Post-completic</u>	n Sheet Researcher initials:	
Pate questionnaire completed:	Date / / / Time	
f not completed, give reason		
How long is it since the patient was told of his/her diagnosis?		
How long did it take the patier Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes Longer than 15 minutes	-	
For the patient selected to cor	plete the questionnaire on their own	
Did the patient ask for an If yes,	help?	
_	t help was requested	
please specify wh	at help was given	
For the patient selected for the	researcher-administered questionnaire	
Did the patient find any o	the questions difficult?	
•	th questions and what the difficulty was	
Was the patient made anxious lf yes, please give details	?	
Where did the patient complete (Please specify whether this v	e the questionnaire? as in a separate room alone, in a corner of the	clinic.

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



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This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



8 4

3. Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
l_	Bleeding from back	
•	passage	Yes
	Did you have this symptom?	Please complete A then B or C below No
		Please go to Section 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR

C Put a cross here if you didn't tell your GP or nurse



Section 2

	8	4
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

١.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	





3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



8	4

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



8 4

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Wans was sout fan ans of these			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



8 4

About you

Version:- 2.1 08/01/2009

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

Page 9 of 14





10. How would you describe your ethnicity

Please cross one box only

White			
or White British			
White Irish		H	
Other White backgroui	nd	H	
Mixed			
or			
White & Black Carribe	an		
White & Black African			
White & Asian			
Other mixed backgrou	nd		
Black or Black British or			
Carribean			
African		i i	
Other Black backgrour	nd	H	
Asian or Asian British			
or Indian			
Pakistani		H	
Bangladeshi		H	
Other Asian backgrour	nd	H	
other Molan baokgroun	10	Ш	
Chinese or other ethnic gro	oup		
or Chinese			
Other ethnic group		H	
3 1			
	V		
Do you live alone?	Yes	Please go to Que	estion 12
	No		
		Please say who y with below	you live

member)

Who do you live with? (e.g. wife, husband, partner, family

11.





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

А	sthma	
C	Chronic Obstructive Pulmonary Disease (COPD)	
C	Other lung disease (e.g. fibrosis, bronchiectatis etc)	
H	leart disease	
А	nxiety or depression	
Ir	nflammatory bowel disease	
Ir	ritable bowel syndrome	
Р	Peptic ulcer	
Р	Previous cancer	
D	Diabetes	
A	rthritis	
13.	About smoking	
	Please cross the appropriate statement	
	Are you a current smoker?	
	Are you an ex-smoker?	
	Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes

8 4



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

Version:- 2.1 08/01/2009





If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Sheet Researcher initials:		
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8

Date questionnaire completed:	Date		/	Time	-
If not completed, give reason					
How long is it since the patient was told of his/her diagnosis?					
How long did it take the patient Less than 5 minutes Between 5 and 10 minute Between 11 and 15 minutes Longer than 15 minutes	tes \Box	the question	naire?		
For the patient selected to come Did the patient ask for any If yes, please specify what	help?		n their own ☐ Yes	□No	
please specify what	· 				
For the patient selected for the Did the patient find any of If yes,			questionna Yes	i <u>re</u>	
please specify whice	ch questions	and what the	difficulty wa	as 	
Was the patient made anxious If yes, please give details	?		☐ Yes	□No	
Where did the patient complete (Please specify whether this we the ward or other	•		ne, in a cori	ner of the c	elinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009



PID - 8 5





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study This Study has been funded by Cancer Research UK









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Cardiff University

Chief Investigator, Symptoms Study



Section 1

8 5	
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About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite	Yes
	Did you have this symptom?	Please complete A then B or C below No Please go to Section 2
A	When did you <u>first notice</u> this?	d d / mm / y y OR Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR Estimate
С	Put a cross here if you didn't tell your GP or nurse	



8 5	
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3.	Change	in	bowel	habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you first notice this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- B When did you <u>first tell</u> your GP or nurse?

 OR
- C Put a cross here if you didn't tell your GP or nurse

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	PI

Please complete A then B or C below

No

Please go to Section 2

	/		/		OR

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	/ L L	UK	



Section 2

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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

۱.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that is unusual for you Did you have this?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in yourself' from usual Did you have this?	Yes Please complete A then B or C below No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was



If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
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erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
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If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7.	Were you sent for any of these?			
	Were you sent for any or these:	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



	8	5
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About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	

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10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	Ħ
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	
White & Asian	
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group or	
Chinese	
Other ethnic group	

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11

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

Please	go to	Question	12
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Please say who you live with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	

13

Please cross the appropriate statement

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?

Yes



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
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6.	I am worried				

Please make sure you have answered all the questions.

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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion Shee

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<u>esearcher - Post-completio</u>	<u>n Sneet</u> Resea	archer initial	S:
Date questionnaire completed:	Date / [Time Time
If not completed, give reason			
How long is it since the patient was told of his/her diagnosis?			
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes	onnaire?	
For the patient selected to con	nplete the questionnaire	on their own	
Did the patient ask for any If yes,	help?	☐ Yes	☐ No
	t help was requested		
please specify wh	at help was given		
For the patient selected for the	researcher-administere	ed questionnai	<u>re</u>
Did the patient find any of If yes,	the questions difficult?	☐ Yes	☐ No
	ch questions and what the	he difficulty wa	as
Was the patient made anxious If yes,	?	Yes	☐ No
please give details			
Where did the patient complet (Please specify whether this ward or other	•	llone, in a corr	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

Version:- 2.1 08/01/2009

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PID - 8 6





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



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Chief Investigator, Symptoms Study



Section 1

About your symptoms

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Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Sec	A then B or C below
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse? OR	23/12/07 OR	Estimate
С	Put a cross here if you didn't tell your GP or nurse		



3 Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
1	Bleeding from back	

4. Bleeding from back passage

Did you have this symptom?

- A When did you <u>first notice</u> this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please complete	A then B or C below
	Please go to Sec	tion 2
/	/ OR	
/	/ OR	
_		



Section 2

	8	6
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Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
-	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	



3.	Fatigue or tiredness that	
	is unusual for you	Yes Please complete A then B or C below
	Did you have this?	No
		Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
4	Eagling different lin	
4.	Feeling different 'in yourself' from usual	Yes
	Did you have this?	Please complete A then B or C below
	Did you have this:	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse?	/ OR
С	OR Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what the	e feeling was



8	6

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
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wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
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Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



8 6

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	



8 6

10. How would you describe your ethnicity

Please cross one box only

White	
or White British	
White Irish	H
Other White background	
Mixed	
or White & Black Carribean	
White & Black African	H
White & Asian	Ä
Other mixed background	
Black or Black British or	
Carribean	
African	
Other Black background	
Asian or Asian British	
or Indian	
Pakistani	H
Bangladeshi	H
Other Asian background	
Chinese or other ethnic group	
or Chinese	
Other ethnic group	

1	1	

Do you live alone?

Who do you live with? (e.g. wife, husband, partner, family member)

	Please go to Question 12
0	Please say who you live

with below

Yes



12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

Asthma	
Chronic Obstructive Pulmonary Disease (COPD)	
Other lung disease (e.g. fibrosis, bronchiectatis etc)	
Heart disease	
Anxiety or depression	
Inflammatory bowel disease	
Irritable bowel syndrome	
Peptic ulcer	
Previous cancer	
Diabetes	
Arthritis	
- About smoking	
Please cross the appropriate statement	

13

Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?

14. Do you think you were more at risk of getting cancer because of your family history?



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completio	n Sheet	Researc	her initia	ls:
Date questionnaire completed:	Date	/	/	Time
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes	e the questionr	naire?	
For the patient selected to con	nplete the qu	<u>iestionnaire on</u>	their own	
Did the patient ask for any If yes,	·		☐ Yes	□No
please specify wha	ıt help was r	equested		
please specify wh	at help was	given		
For the patient selected for the	researcher	-administered o	questionna	<u>ire</u>
Did the patient find any of If yes,	the question	ns difficult?	☐ Yes	☐ No
please specify whi	ch questions	and what the	difficulty w	as
Was the patient made anxious	9?		☐ Yes	□ No
If yes, please give details				
Where did the patient complet (Please specify whether this we the ward or other	•		ne, in a cor	ner of the clinic,

Thank you. Please now send the questionnaire and patient information sheet and consent form back to Cardiff University in the freepost envelope provided.

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PID - 8 7





	GLAN CLWYD
CID -	GWYNEDD
	MAELOR

Confidential Questionnaire



Looking At Your Symptoms Study
This Study has been funded by Cancer Research UK









Dear Patient

I am very grateful to you for agreeing to help us with this study.

I hope the information you supply will help us give people a diagnosis earlier.

If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal

Senior Clinical Lecturer

Cardiff University

Chief Investigator, Symptoms Study



Section 1

8	7

About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are <u>related</u> to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- **1.** Did you have <u>any</u> symptoms that you feel were due to your cancer before you were diagnosed?
- **2.** What was the <u>first</u> symptom that made you think something might be wrong?

Yes	Please continue with Question 2
No	Please go to Section 2 on Page 5
	Please go to Question 3

The following questions are about when you first noticed a symptom and when you first told your GP or nurse about it.

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u>. (For example approximately how long ago, the month or season). You wish to refer to your diary or calendar if you have it with you.

Here is an example question:

	Decrease in appetite Did you have this symptom?	Yes Please complete No Please go to Se	e A then B or C below ction 2
A	When did you <u>first notice</u> this?	dd/mm/yy OR	Estimate '3 months ago' or 'June'
В	When did you first tell your GP or nurse?	23/12/07 OR	Estimate
С	Put a cross here if you <u>didn't</u> <u>tell</u> your GP or nurse		



8	7
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Change in bowel habit

	Did you have this symptom?	Yes Please complete A then B or C below No Please go to Question 4
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Disading from book	
ł.	Bleeding from back passage	Yes

4

Did you have this symptom?

- A When did you first notice this?
- **B** When did you <u>first tell</u> your GP or nurse?

OR

C Put a cross here if you didn't tell your GP or nurse

Yes No	Please complete Please go to Sec	A then B or C below
	/ OR	
/	/ OR	



Section 2

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---	---

Please give an <u>exact</u> date if you can. Otherwise give your best <u>estimate</u> (for example approximately how long ago, the month or the season). You may wish to refer to your diary or calendar if you have it with you.

Did you have any of the following?

1.	Decrease in appetite	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 2
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
2.	Unexplained weight loss	
	Did you have this?	Yes Please complete A then B or C below No Please go to Question 3
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	





3.	Fatigue or tiredness that is unusual for you	Yes
	Did you have this?	Please complete A then B or C below
	Dia yeu nave une.	No Please go to Question 4
A	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
4.	Feeling different 'in	
7.	yourself' from usual	Yes
	Did you have this?	No Please go to Question 5
Α	When did you <u>first notice</u> this?	/ OR
В	When did you <u>first tell</u> your GP or nurse? OR	/ OR
С	Put a cross here if you didn't tell your GP or nurse	
	Please try and describe what th	e feeling was
	-	



8 7

If you had any further symptoms which you feel are relevant to your cancer diagnosis, please list them below. If not, please go to Question 7.

Please describe the symptom here and complete A then B or C below

When did you <u>first notice</u>	
nis?	
Vhen did you <u>first tell</u> your GP or nurse? DR	/ OR
Put a cross here if you lidn't tell your GP or nurse	
wise go to Question 7.	you feel is relevant, please write it below, om here and complete A then B or C below
rwise go to Question 7.	
erwise go to Question 7.	
rwise go to Question 7.	
erwise go to Question 7.	
erwise go to Question 7.	om here and complete A then B or C below
erwise go to Question 7.	
erwise go to Question 7. ease describe the sympto When did you first notice this? When did you first tell your	om here and complete A then B or C below
erwise go to Question 7. lease describe the sympton When did you first notice this?	om here and complete A then B or C below

If you had further symptoms you would like to tell us about, there is space at the end of the Questionnaire for you to write them.



8 7

Did your GP send you for any tests?

Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7 .	Ware you cont for any of those?			
	Were you sent for any of these?	Yes	Not sure	No
	Blood test(s)			
	CT Scan			
	Ultrasound scan			
	Barium Enema			
	Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)			
	X-ray			

Please go to Question 8



8 7

About you

The next questions relate to general information about you. It would help us to know more about the background of the people completing the questionnaire.

8.	Which best describes your employment status?	
	Please cross one box only	
	Employed full-time	
	Employed part-time	
	Self employed full-time	
	Self employed part-time	
	Unemployed (seeking work)	
	Unemployed (not seeking work)	
	Retired	
	Student	
	Permanently sick/disabled	
	Temporarily sick/disabled	
	Looking after family/home	
	Other, please describe	
9.	What is your highest level of qualification?	
	Please cross one box only	
	Degree (or equivalent)	
	Diploma (or equivalent)	
	'A' level	
	GCSE / 'O' level	
	None	
	Other, please specify	





10. How would you describe your ethnicity

Please cross one box only

Whit	e		
or	White British		
	White Irish		H
	Other White background		H
Mixe or	d		
0.	White & Black Carribean		
	White & Black African		
	White & Asian		
	Other mixed background		
Blac or	k or Black British		
	Carribean		
	African		
	Other Black background		
Asia or	n or Asian British		
0.	Indian		
	Pakistani		
	Bangladeshi		
	Other Asian background		
	ese or other ethnic group		
or	Chinese		
	Other ethnic group		
Do yo	ou live alone?	Yes No	to Question 12 who you live
Who d	do you live with?		

member)

(e.g. wife, husband, partner, family

11.





12. Are you suffering from, or have you suffered from, any of the following in the past 2 years?

Please cross any that are applicable to you

C C H A Ir Ir P D A	chronic Obstructive Pulmonary Disease (COPD) Other lung disease (e.g. fibrosis, bronchiectatis etc) Ileart disease Inxiety or depression Inflammatory bowel disease Iritable bowel syndrome Ireptic ulcer Irevious cancer Diabetes Irthritis	
	About smoking Please cross the appropriate statement	
	Are you a current smoker? Are you an ex-smoker? Are you a non-smoker (never smoked)?	
14.	Do you think you were more at risk of getting cancer because of your family history?	Yes No



15. The following questions are about how completing the questionnaire made you feel.

A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel <u>right now</u>, at the moment. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feeling best.

		Not at all	Somewhat	Moderately	Very much
1.	I feel calm				
2.	I am tense				
3.	I feel upset				
4.	I am relaxed				
5.	I feel content				
6.	I am worried				

Please make sure you have answered all the questions.

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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete

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Researcher - Post-completion	on Sheet	Researc	her initia	s:
Date questionnaire completed:	Date		/ 🗌	Time .
If not completed, give reason				
How long is it since the patient was told of his/her diagnosis?				
How long did it take the patient Less than 5 minutes Between 5 and 10 minutes Between 11 and 15 minutes	tes 🗆	e the questionr	aire?	
For the patient selected to cor	nplete the qu	estionnaire on	their own	
Did the patient ask for any lf yes,	y help?		☐ Yes	□ No
please specify who	at help was re	equested		
please specify wh	at help was (given		
For the patient selected for the Did the patient find any of			uestionna	i <u>re</u>
If yes, please specify whi	·			
	- questions	and what the	announty we	
Was the patient made anxious			☐ Yes	□ No
please give details	;			
Where did the patient complet (Please specify whether this with the ward or other	•		e, in a corr	ner of the clinic,

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