

57727

PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

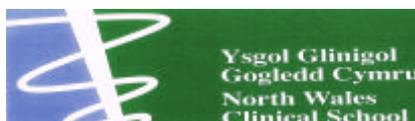
MAELOR

Confidential Questionnaire

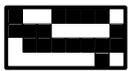
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

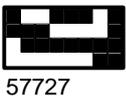
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

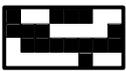
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

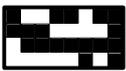
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

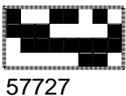
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

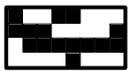
B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

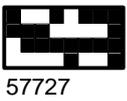
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

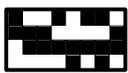
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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11.

Do you live alone?

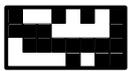
Yes

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)



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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

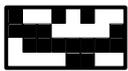
13. About smoking

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



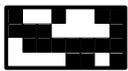
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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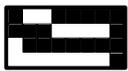
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID - 2



Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

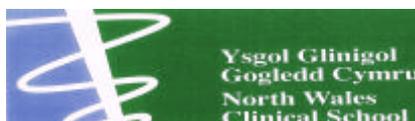
MAELOR

Confidential Questionnaire

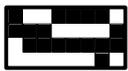
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Dear Patient

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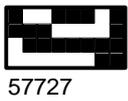
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Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? d d / m m / y y OR

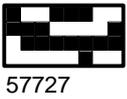
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

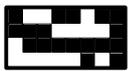
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

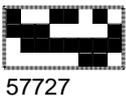
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

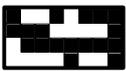
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

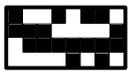
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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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

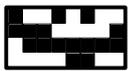
13. About smoking

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



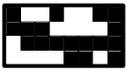
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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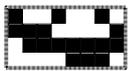
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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2

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 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

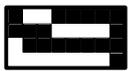
If yes,

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.



57727

PID - 3



Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

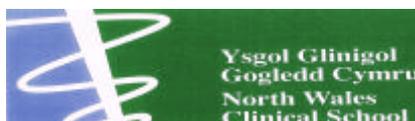
MAELOR

Confidential Questionnaire

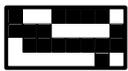
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

		3
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

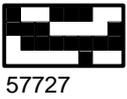
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

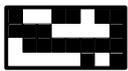
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

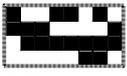
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

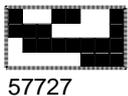
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

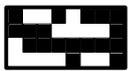
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

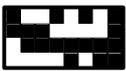
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

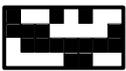
13. About smoking

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



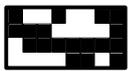
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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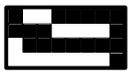
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

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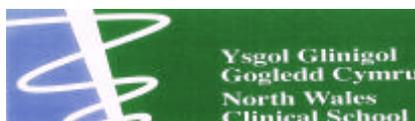
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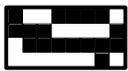
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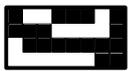
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Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

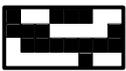
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

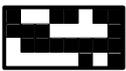
B When did you first tell your GP or nurse?

 / /

OR

OR

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



57727

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

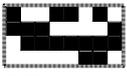
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

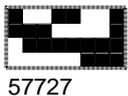
 / /

OR

OR

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Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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.



57727

Did your GP send you for any tests?

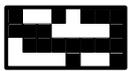
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

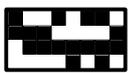
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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
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- Diabetes
- Arthritis

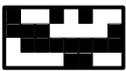
13. About smoking

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



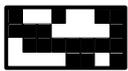
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	Not at all	Somewhat	Moderately	Very much
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2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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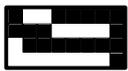
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



57727

PID - 5



Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

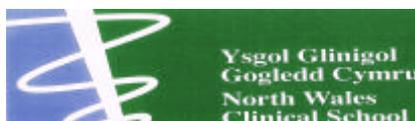
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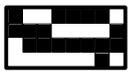
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Please put a cross in the appropriate box, or write an answer as required.

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- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

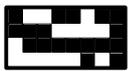
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

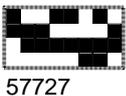
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

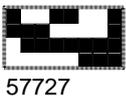
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

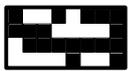
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

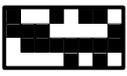
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
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<input type="checkbox"/>	

11.

Do you live alone?

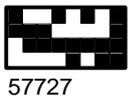
Yes

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)



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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

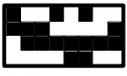
13. About smoking

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



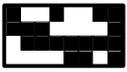
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A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel right now, at the moment. There are no right or wrong answers. Do not spend too 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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 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

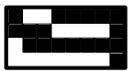
If yes, please specify which questions and what the difficulty was

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.



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

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CID - GWYNEDD

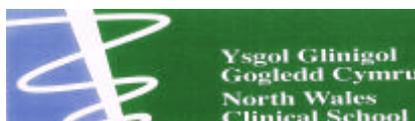
MAELOR

Confidential Questionnaire

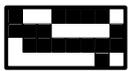
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

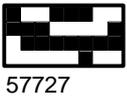
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

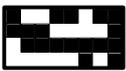
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

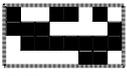
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

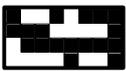
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

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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)

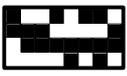
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

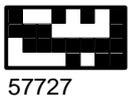
Yes

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)



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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

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- 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

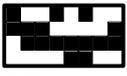
13. About smoking

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

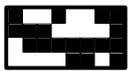


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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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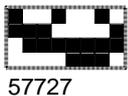
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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6

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
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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

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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

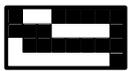
If yes,

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.



57727

PID - 7



GLAN CLWYD

CID - GWYNEDD

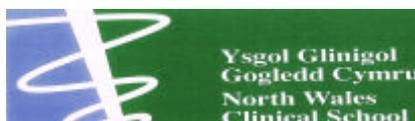
MAELOR

Confidential Questionnaire

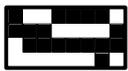
|

Looking At Your Symptoms Study

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South East Wales
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De-ddwyrain Cymru



57727

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Yours sincerely

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Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



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Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

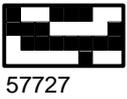
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

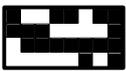
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

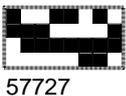
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

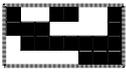
B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

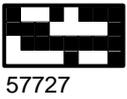
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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

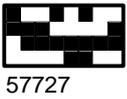
13. About smoking

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



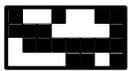
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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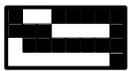
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID - 8



Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

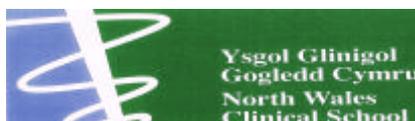
MAELOR

Confidential Questionnaire

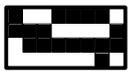
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

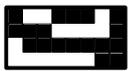
I hope the information you supply will help us give people a diagnosis earlier.

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



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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 related to your cancer.

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

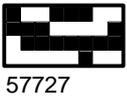
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

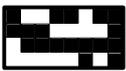
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

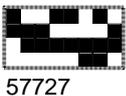
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

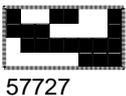
B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

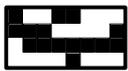
B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

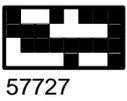
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

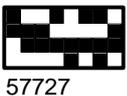
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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



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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

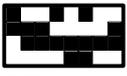
13. About smoking

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



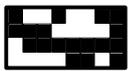
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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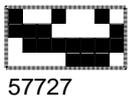
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 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

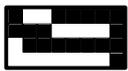
Was the patient made anxious? Yes No

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.



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

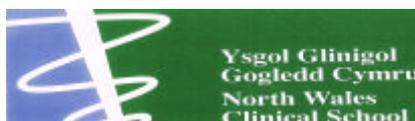
MAELOR

Confidential Questionnaire

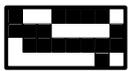
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

Dear Patient

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

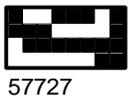
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

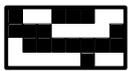
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

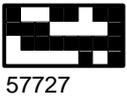
B When did you first tell your GP or nurse?

 / /

OR

OR

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



Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

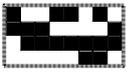
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

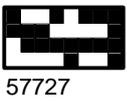
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

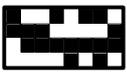
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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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

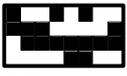
13. About smoking

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

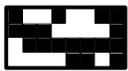


15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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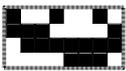
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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9

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 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

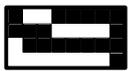
If yes,
please specify which questions and what the difficulty was

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.



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

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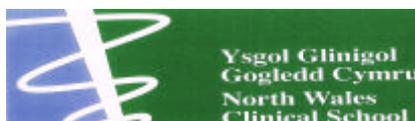
MAELOR

Confidential Questionnaire

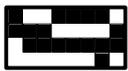
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

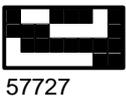
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

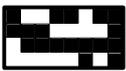
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

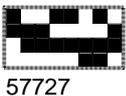
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

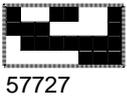
B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

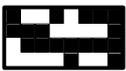
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

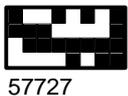
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

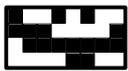
13. About smoking

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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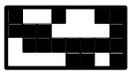
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A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel right now, at the moment. There are no right or wrong answers. Do not spend too 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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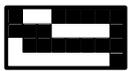
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If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

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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GLAN CLWYD

CID - GWYNEDD

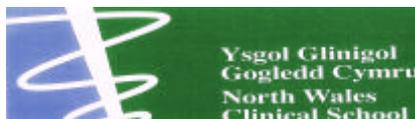
MAELOR

Confidential Questionnaire

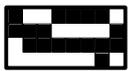
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

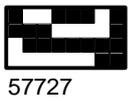
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

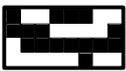
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

C 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

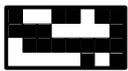
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

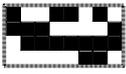
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

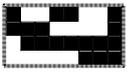
 / /

OR

OR

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

Please try and describe what the feeling was



57727

1 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

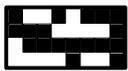
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

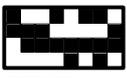
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

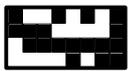
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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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

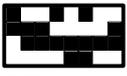
13. About smoking

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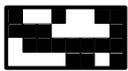
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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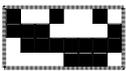
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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1 1

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 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

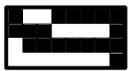
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

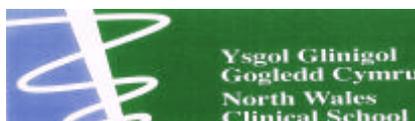
MAELOR

Confidential Questionnaire

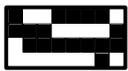
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

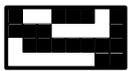
I hope the information you supply will help us give people a diagnosis earlier.

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



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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 related to your cancer.

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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

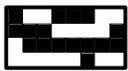
No
 Please go to Section 2

A When did you first notice this? d d / m m / y y OR Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR Estimate
Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

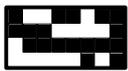
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

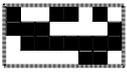
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

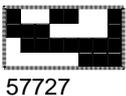
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

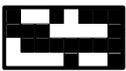
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

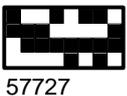
Diploma (or equivalent)

'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
- 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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

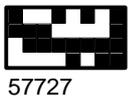
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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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

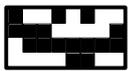
13. About smoking

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



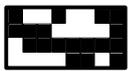
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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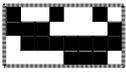
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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1 2

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 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

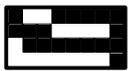
Was the patient made anxious? Yes No

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

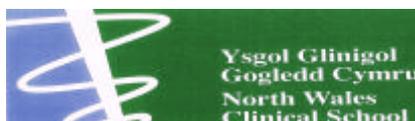
MAELOR

Confidential Questionnaire

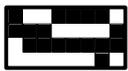
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	1	3
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Dear Patient

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

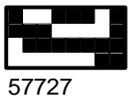
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

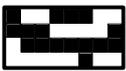
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

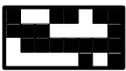
B When did you first tell your GP or nurse?

 / /

OR

OR

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



57727

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

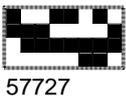
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

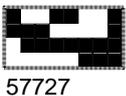
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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.



57727

Did your GP send you for any tests?

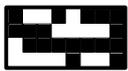
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

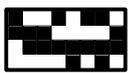
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

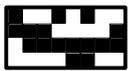
13. About smoking

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



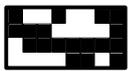
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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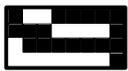
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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GLAN CLWYD

CID - GWYNEDD

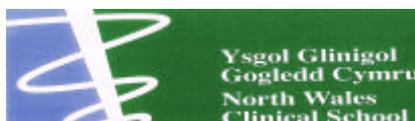
MAELOR

Confidential Questionnaire

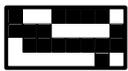
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	1	4
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Dear Patient

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

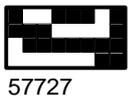
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

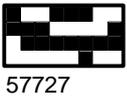
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

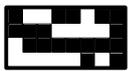
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

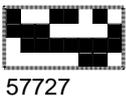
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

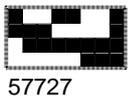
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

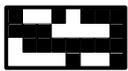
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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

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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)

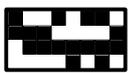
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

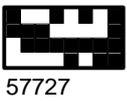
Yes

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)



57727

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
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- Arthritis

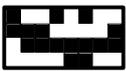
13. About smoking

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



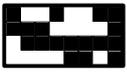
57727

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	Not at all	Somewhat	Moderately	Very much
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2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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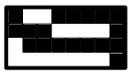
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Please give it to the research nurse

The next page is for the Researcher to complete



57727

PID -

	1	5
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GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

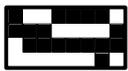
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	1	5
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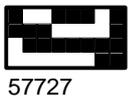
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



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- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

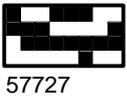
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

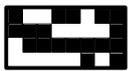
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

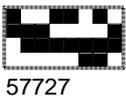
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

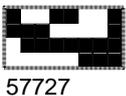
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

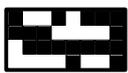
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

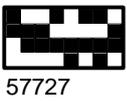
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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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

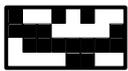
13. About smoking

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



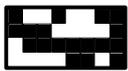
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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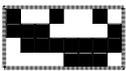
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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1 5

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 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

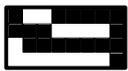
Was the patient made anxious? Yes No

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

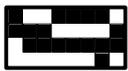
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

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Dear Patient

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

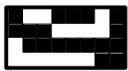
I hope the information you supply will help us give people a diagnosis earlier.

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



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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 related to your cancer.

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

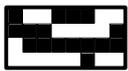
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

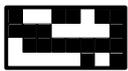
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

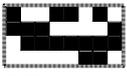
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

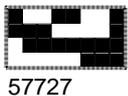
 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

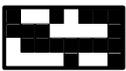
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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16

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)

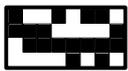
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

	1	6
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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

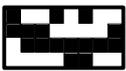
13. About smoking

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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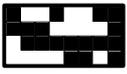
	1	6
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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	1	6
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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 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

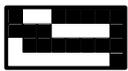
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

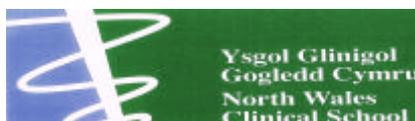
MAELOR

Confidential Questionnaire

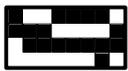
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	1	7
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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

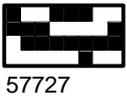
No
 Please go to Section 2

A When did you first notice this? d d / m m / y y OR Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR Estimate
Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

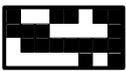
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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17

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

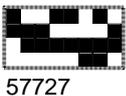
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

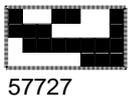
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

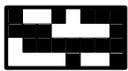
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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1 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)

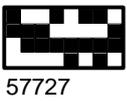
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	

11.

Do you live alone?

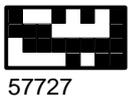
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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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

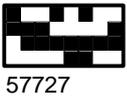
13. About smoking

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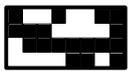
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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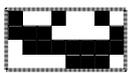
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 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

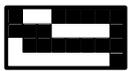
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

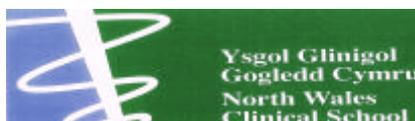
MAELOR

Confidential Questionnaire

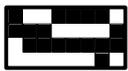
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

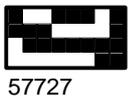
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

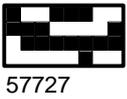
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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1 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

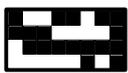
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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1 8

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

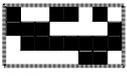
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

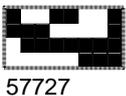
 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

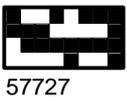
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

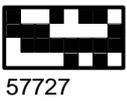
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
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	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

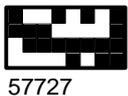
Yes

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)



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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

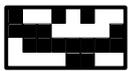
13. About smoking

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



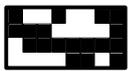
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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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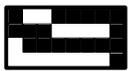
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Please give it to the research nurse

The next page is for the Researcher to complete



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

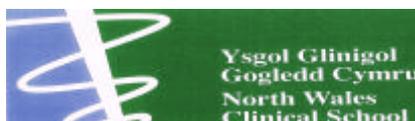
MAELOR

Confidential Questionnaire

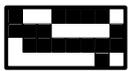
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

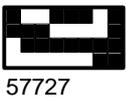
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Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



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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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

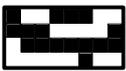
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

19

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

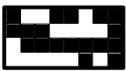
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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1 9

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

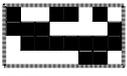
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

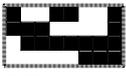
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

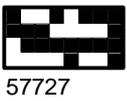
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

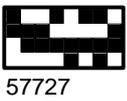
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

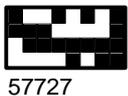
Who do you live with?
(e.g. wife, husband, partner, family member)

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 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

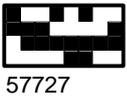
13. About smoking

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



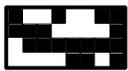
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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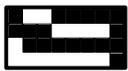
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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CID - GWYNEDD

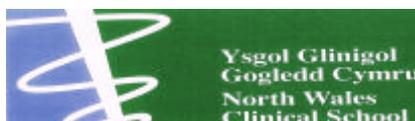
MAELOR

Confidential Questionnaire

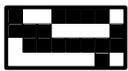
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? d d / m m / y y OR

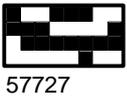
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

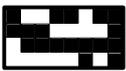
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

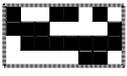
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

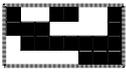
 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

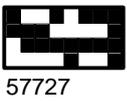
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

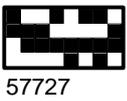
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
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<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

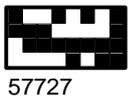
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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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

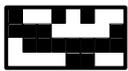
13. About smoking

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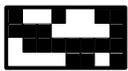
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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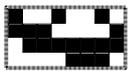
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 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

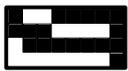
Was the patient made anxious? Yes No

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.



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GLAN CLWYD

CID - GWYNEDD

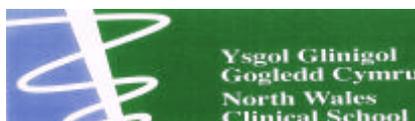
MAELOR

Confidential Questionnaire

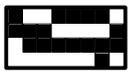
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

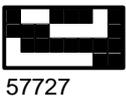
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

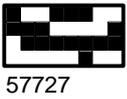
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

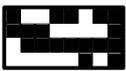
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

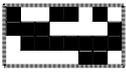
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

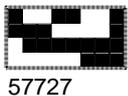
 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

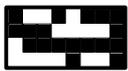
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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

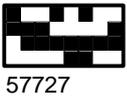
13. About smoking

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



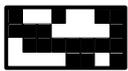
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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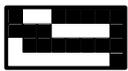
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

	2	2
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GLAN CLWYD

CID - GWYNEDD

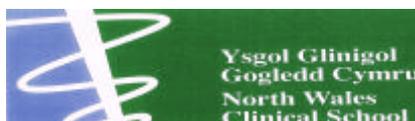
MAELOR

Confidential Questionnaire

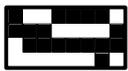
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	2	2
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? d d / m m / y y OR

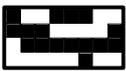
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR

Estimate

OR

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



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2 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

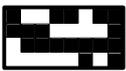
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

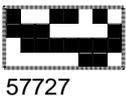
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

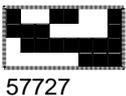
B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

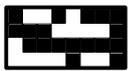
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

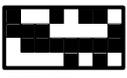
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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	2	2
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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

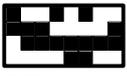
13. About smoking

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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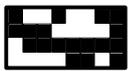
	2	2
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	2	2
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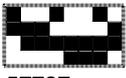
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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2 2

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 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

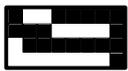
Was the patient made anxious? Yes No

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

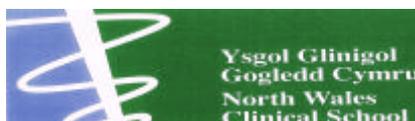
MAELOR

Confidential Questionnaire

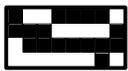
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	2	3
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Dear Patient

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

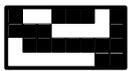
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Yours sincerely

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Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



57727

About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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

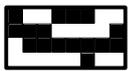
No
 Please go to Section 2

A When did you first notice this? d d / m m / y y OR Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR Estimate
Estimate

OR

C 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

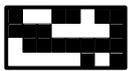
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

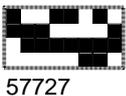
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

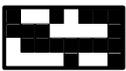
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

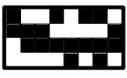
Diploma (or equivalent)

'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
- 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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

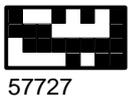
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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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

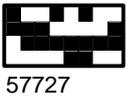
13. About smoking

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



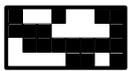
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	2	3
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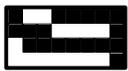
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

	2	4
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GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

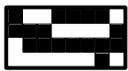
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	2	4
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

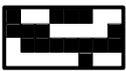
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

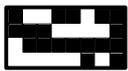
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

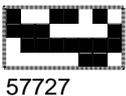
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

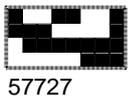
 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

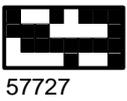
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

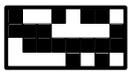
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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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

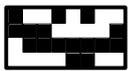
13. About smoking

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



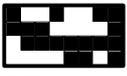
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	2	4
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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 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

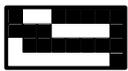
Was the patient made anxious? Yes No

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

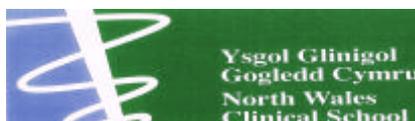
MAELOR

Confidential Questionnaire

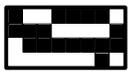
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	2	5
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

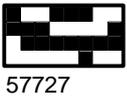
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

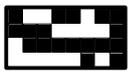
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

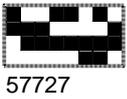
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

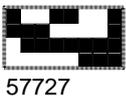
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

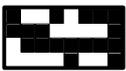
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

	2	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)

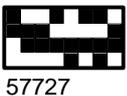
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

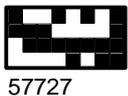
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



57727

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

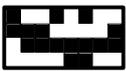
13. About smoking

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



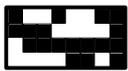
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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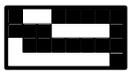
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

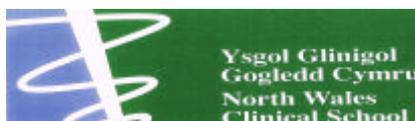
MAELOR

Confidential Questionnaire

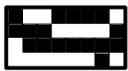
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	2	6
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Dear Patient

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

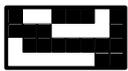
I hope the information you supply will help us give people a diagnosis earlier.

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



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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 related to your cancer.

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

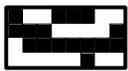
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

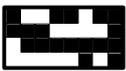
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

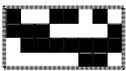
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

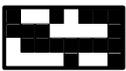
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

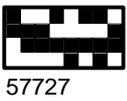
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

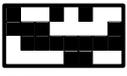
13. About smoking

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

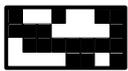


15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	2	6
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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 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

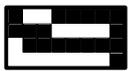
Was the patient made anxious? Yes No

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.



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PID -

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North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

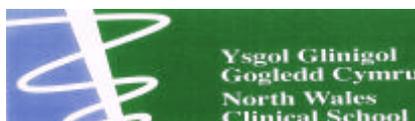
MAELOR

Confidential Questionnaire

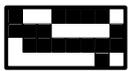
|

Looking At Your Symptoms Study

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Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	2	7
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Dear Patient

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

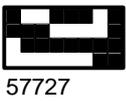
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

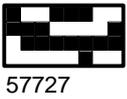
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

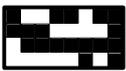
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

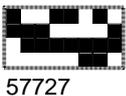
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

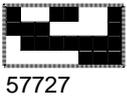
B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

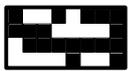
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

	2	7
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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)

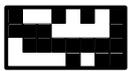
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

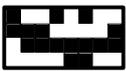
13. About smoking

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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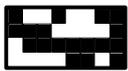
	2	7
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	2	7
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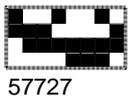
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 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

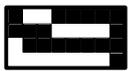
If yes,

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

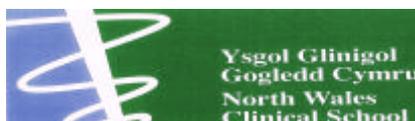
MAELOR

Confidential Questionnaire

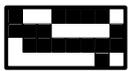
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	2	8
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Dear Patient

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

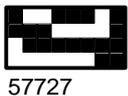
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

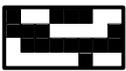
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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2 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

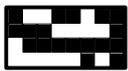
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

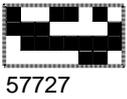
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

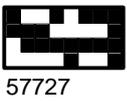
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

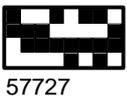
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

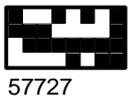
Yes

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)



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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

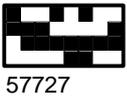
13. About smoking

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



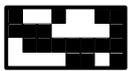
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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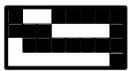
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

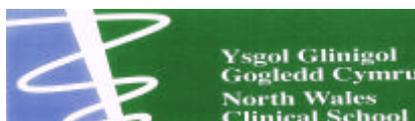
MAELOR

Confidential Questionnaire

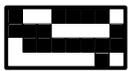
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	2	9
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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

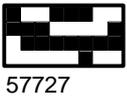
No
 Please go to Section 2

A When did you first notice this? d d / m m / y y OR Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR Estimate
Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

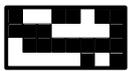
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

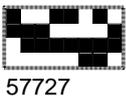
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

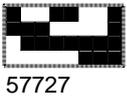
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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29

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

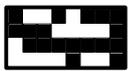
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

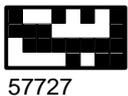
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

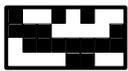
13. About smoking

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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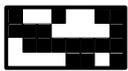
	2	9
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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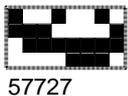
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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29

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 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

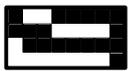
Was the patient made anxious? Yes No

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

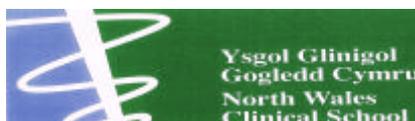
MAELOR

Confidential Questionnaire

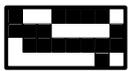
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

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



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3 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

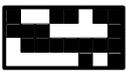
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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3 0

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

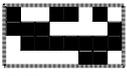
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

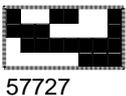
 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

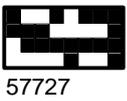
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

3 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)

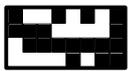
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

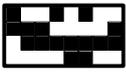
13. About smoking

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



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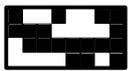
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15. The following questions are about how completing the questionnaire made you feel.

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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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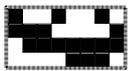
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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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3 0

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
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For the patient selected to complete the questionnaire on their own

Did the patient ask for any help? Yes No

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Did the patient find any of the questions difficult? Yes No

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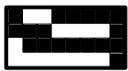
Was the patient made anxious? Yes No

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.



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GLAN CLWYD

CID - GWYNEDD

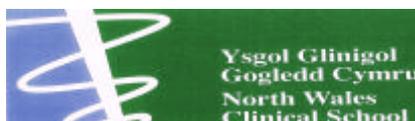
MAELOR

Confidential Questionnaire

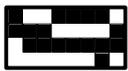
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

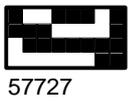
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

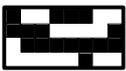
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

3 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

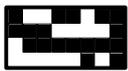
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



57727

3 1

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

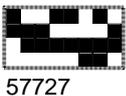
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

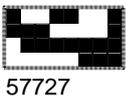
/ / OR

OR

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

Please try and describe what the feeling was

Four horizontal lines for describing the feeling.



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

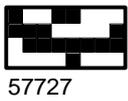
B When did you first tell your GP or nurse?

/ / OR

OR

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

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.



57727

Did your GP send you for any tests?

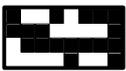
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

	3	1
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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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

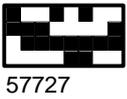
13. About smoking

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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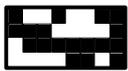
	3	1
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	3	1
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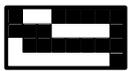
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

	3	2
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GLAN CLWYD

CID - GWYNEDD

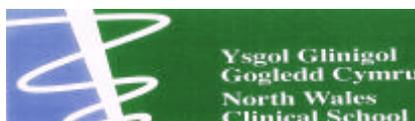
MAELOR

Confidential Questionnaire

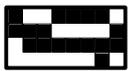
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	3	2
--	---	---

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

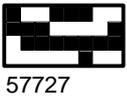
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

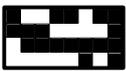
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

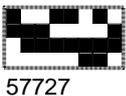
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

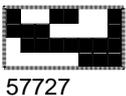
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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3 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

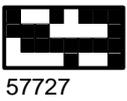
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

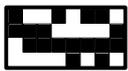
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

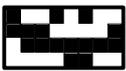
13. About smoking

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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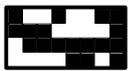
	3	2
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



57727

	3	2
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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 2

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 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

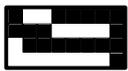
If yes,
please specify which questions and what the difficulty was

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.



57727

PID -

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GLAN CLWYD

CID - GWYNEDD

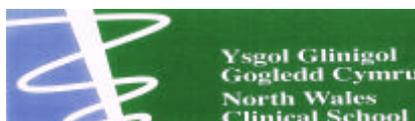
MAELOR

Confidential Questionnaire

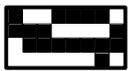
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	3	3
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Dear Patient

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

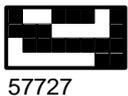
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If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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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

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

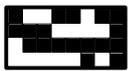
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

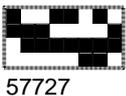
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

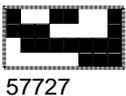
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

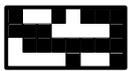
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

3 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)

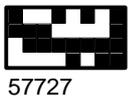
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

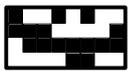
13. About smoking

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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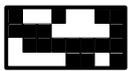
	3	3
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	3	3
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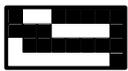
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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



57727

PID -

	3	4
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GLAN CLWYD

CID - GWYNEDD

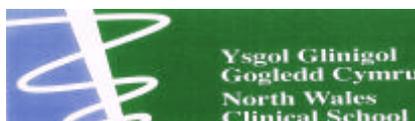
MAELOR

Confidential Questionnaire

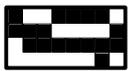
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	3	4
--	---	---

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

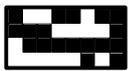
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

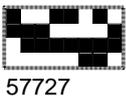
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

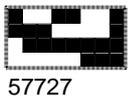
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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.



57727

Did your GP send you for any tests?

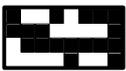
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

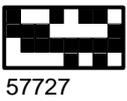
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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)
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- Irritable bowel syndrome
- Peptic ulcer
- Previous cancer
- Diabetes
- Arthritis

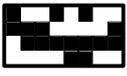
13. About smoking

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



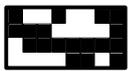
57727

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2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	3	4
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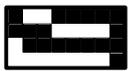
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



57727

PID -

	3	5
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GLAN CLWYD

CID - GWYNEDD

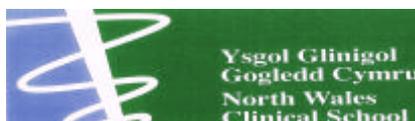
MAELOR

Confidential Questionnaire

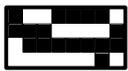
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	3	5
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Dear Patient

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

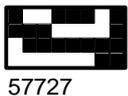
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

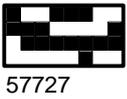
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

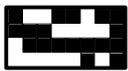
B When did you first tell your GP or nurse?

 / /

OR

OR

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



57727

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

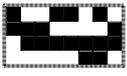
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

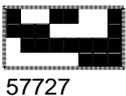
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

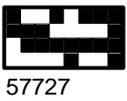
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

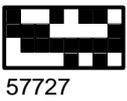
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

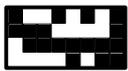
Yes

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)



57727

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

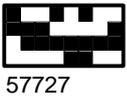
13. About smoking

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



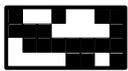
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	3	5
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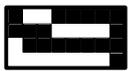
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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



57727

PID -

	3	6
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GLAN CLWYD

CID - GWYNEDD

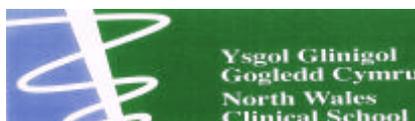
MAELOR

Confidential Questionnaire

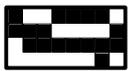
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	3	6
--	---	---

Dear Patient

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

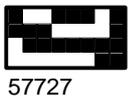
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

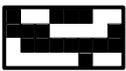
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

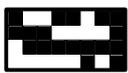
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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3 6

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

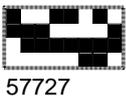
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

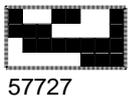
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

3 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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3 6

Did your GP send you for any tests?

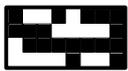
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

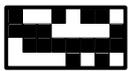
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

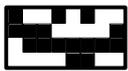
13. About smoking

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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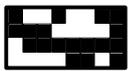
	3	6
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	3	6
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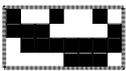
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 6

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 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

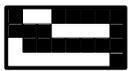
Was the patient made anxious? Yes No

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.



57727

PID -

	3	7
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GLAN CLWYD

CID - GWYNEDD

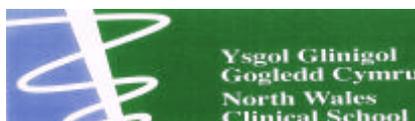
MAELOR

Confidential Questionnaire

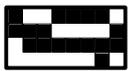
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	3	7
--	---	---

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

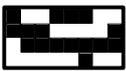
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

3 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

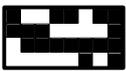
B When did you first tell your GP or nurse?

 / /

OR

OR

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



57727

3 7

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

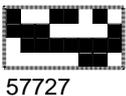
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

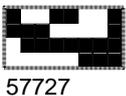
 / /

OR

OR

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

Please try and describe what the feeling was



57727

3 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

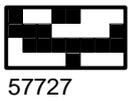
B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

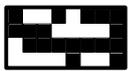
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

3 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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3 7

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

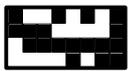
Yes

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)



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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

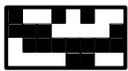
13. About smoking

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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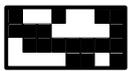
	3	7
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	3	7
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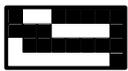
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

	3	8
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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

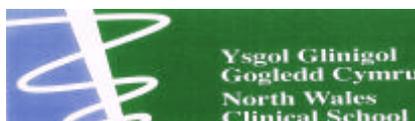
MAELOR

Confidential Questionnaire

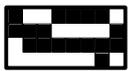
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	3	8
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Dear Patient

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

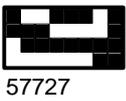
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

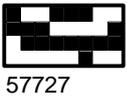
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

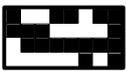
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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3 8

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

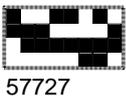
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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3 8

Did your GP send you for any tests?

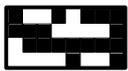
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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3 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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
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<input type="checkbox"/>	

11.

Do you live alone?

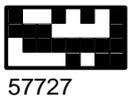
Yes

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)



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	3	8
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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

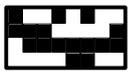
13. About smoking

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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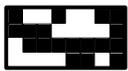
	3	8
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	3	8
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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 8

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 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

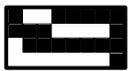
Was the patient made anxious? Yes No

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.



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PID -

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North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

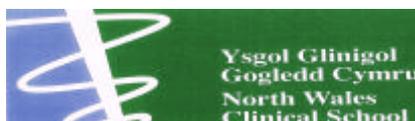
MAELOR

Confidential Questionnaire

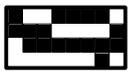
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	3	9
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

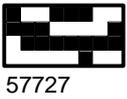
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

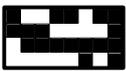
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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3 9

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

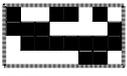
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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3 9

Did your GP send you for any tests?

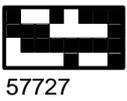
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 9

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

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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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



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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

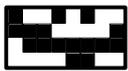
13. About smoking

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



57727

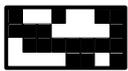
	3	9
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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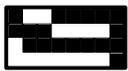
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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



57727

PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

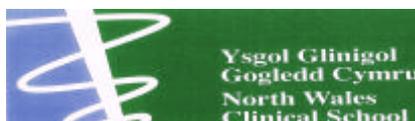
MAELOR

Confidential Questionnaire

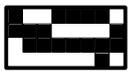
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

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Dear Patient

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

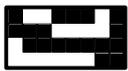
I hope the information you supply will help us give people a diagnosis earlier.

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



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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 related to your cancer.

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

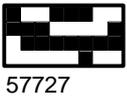
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

4 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

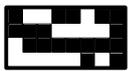
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

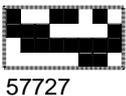
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

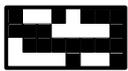
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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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)

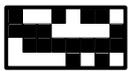
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

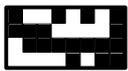
Yes

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)



57727

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

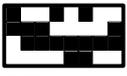
13. About smoking

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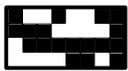
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



57727

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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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4 0

Researcher - Post-completion Sheet

Researcher initials:

Three empty boxes for initials

Date questionnaire completed:

Date [][] / [][] / [][] Time [][] : [][]

If not completed, give reason

Empty box for reason

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

Empty box for duration

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

Horizontal line for help requested

Horizontal line for help requested

please specify what help was given

Horizontal line for help given

Horizontal line for help 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

Horizontal line for difficulty

Horizontal line for difficulty

Horizontal line for difficulty

Horizontal line for difficulty

Was the patient made anxious? Yes No

If yes, please give details

Horizontal line for anxiety details

Horizontal line for anxiety details

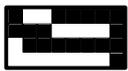
Horizontal line for anxiety details

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

Horizontal line for location

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 -

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GLAN CLWYD

CID - GWYNEDD

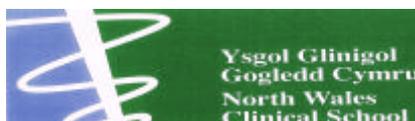
MAELOR

Confidential Questionnaire

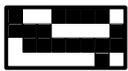
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

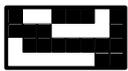
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



57727

About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

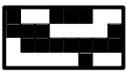
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

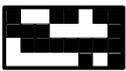
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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4 1

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

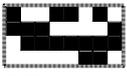
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

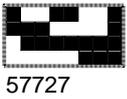
 / /

OR

OR

C 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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4 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

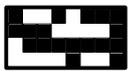
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

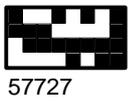
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

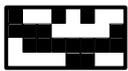
13. About smoking

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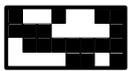
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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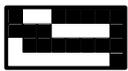
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

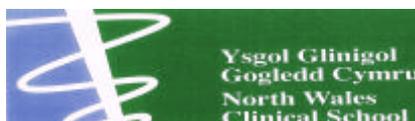
MAELOR

Confidential Questionnaire

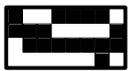
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	4	2
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Dear Patient

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

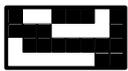
I hope the information you supply will help us give people a diagnosis earlier.

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



57727

About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this?

d d / m m / y y

OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse?

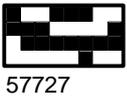
2 3 / 1 2 / 0 7

OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

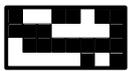
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

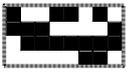
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

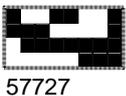
 / /

OR

OR

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

Please try and describe what the feeling was



57727

4 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

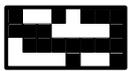
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

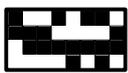
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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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

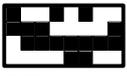
13. About smoking

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

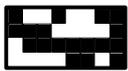


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5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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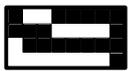
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



57727

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North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

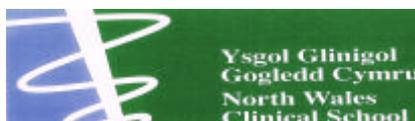
MAELOR

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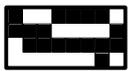
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Looking At Your Symptoms Study

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Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	4	3
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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

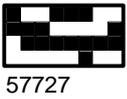
No
 Please go to Section 2

A When did you first notice this? d d / m m / y y OR Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR Estimate
Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

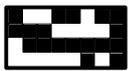
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

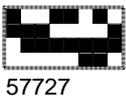
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

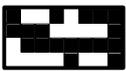
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

4 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)

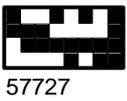
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

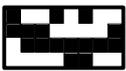
13. About smoking

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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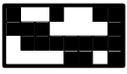
	4	3
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	4	3
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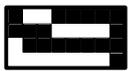
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

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North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

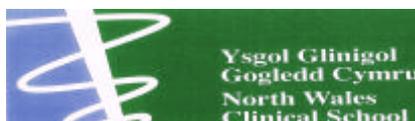
MAELOR

Confidential Questionnaire

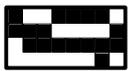
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

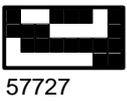
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? d d / m m / y y OR

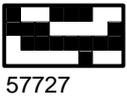
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

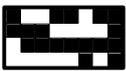
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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4 4

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

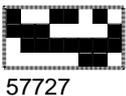
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

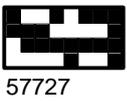
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

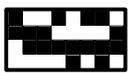
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
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	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

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)



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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

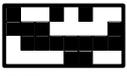
13. About smoking

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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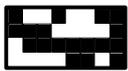
	4	4
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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

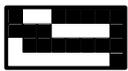
If yes,
please specify which questions and what the difficulty was

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.



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North Wales NHS Trust

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CID - GWYNEDD

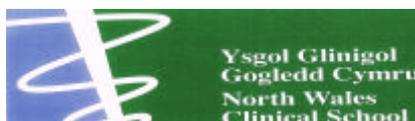
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Confidential Questionnaire

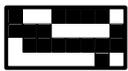
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	4	5
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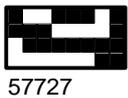
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Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? d d / m m / y y OR

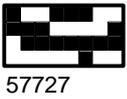
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

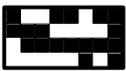
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

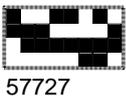
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

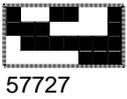
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

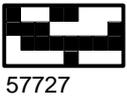
B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

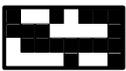
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

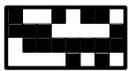
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	

11.

Do you live alone?

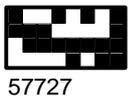
Yes

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)



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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
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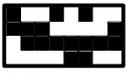
13. About smoking

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



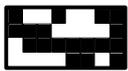
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A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel right now, at the moment. There are no right or wrong answers. Do not spend too 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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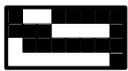
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

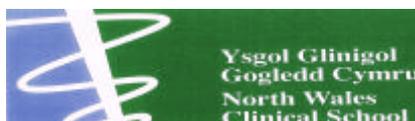
MAELOR

Confidential Questionnaire

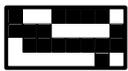
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

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Dear Patient

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

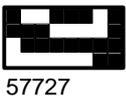
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

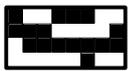
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

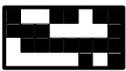
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

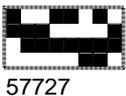
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

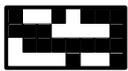
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

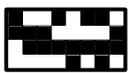
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
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<input type="checkbox"/>	
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	<input type="checkbox"/>
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11.

Do you live alone?

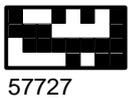
Yes

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)



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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

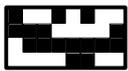
13. About smoking

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



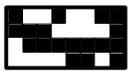
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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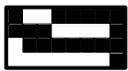
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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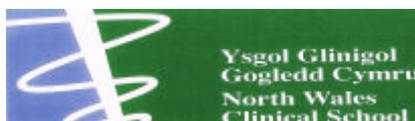
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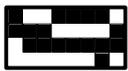
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Yours sincerely

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Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

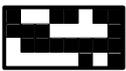
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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4 7

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

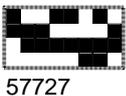
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

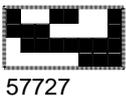
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

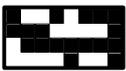
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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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	4	7
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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

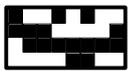
13. About smoking

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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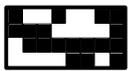
	4	7
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	4	7
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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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4 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 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

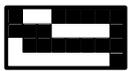
Was the patient made anxious? Yes No

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

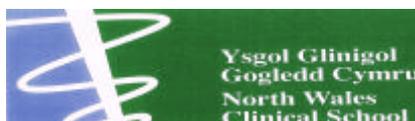
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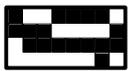
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	4	8
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Dear Patient

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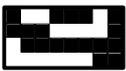
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Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



57727

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 related to your cancer.

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

Looking back...

- Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

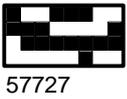
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

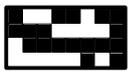
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

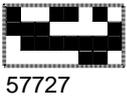
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

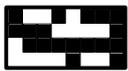
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

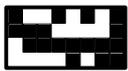
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

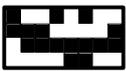
13. About smoking

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



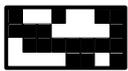
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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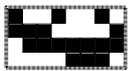
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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4 8

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 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

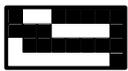
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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CID - GWYNEDD

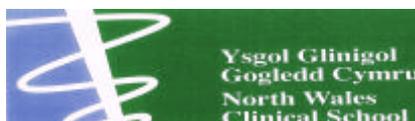
MAELOR

Confidential Questionnaire

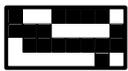
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

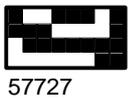
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

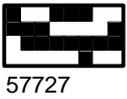
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

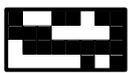
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

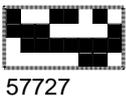
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

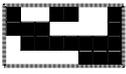
 / /

OR

OR

C 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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4 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

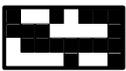
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

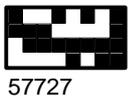
Yes

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)



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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

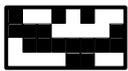
13. About smoking

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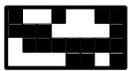
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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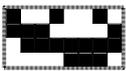
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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4 9

Researcher - Post-completion Sheet

Researcher initials:

Three empty boxes for initials

Date questionnaire completed:

Date [][] / [][] / [][]

Time [][] : [][]

If not completed, give reason

Empty box for reason

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

Empty box for duration

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

Horizontal line for help requested

Horizontal line for help requested

please specify what help was given

Horizontal line for help given

Horizontal line for help 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

Horizontal line for difficulty

Horizontal line for difficulty

Horizontal line for difficulty

Horizontal line for difficulty

Was the patient made anxious? Yes No

If yes, please give details

Horizontal line for anxiety details

Horizontal line for anxiety details

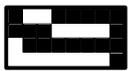
Horizontal line for anxiety details

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

Horizontal line for location

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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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

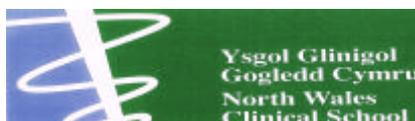
MAELOR

Confidential Questionnaire

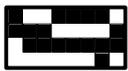
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

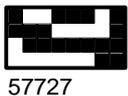
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

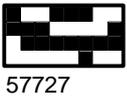
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

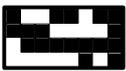
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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5 0

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

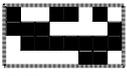
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

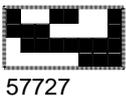
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

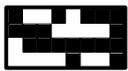
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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



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5 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

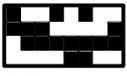
13. About smoking

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



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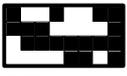
	5	0
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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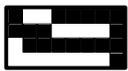
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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GLAN CLWYD

CID - GWYNEDD

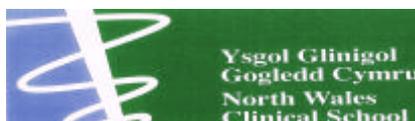
MAELOR

Confidential Questionnaire

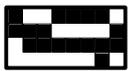
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

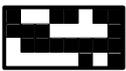
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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5 1

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

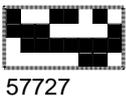
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

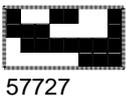
 / /

OR

OR

C 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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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

5.

5.	
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A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

6.	
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A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

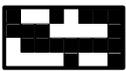
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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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

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)

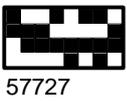
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
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	<input type="checkbox"/>
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<input type="checkbox"/>	
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<input type="checkbox"/>	
	<input type="checkbox"/>
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11.

Do you live alone?

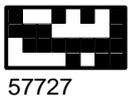
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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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

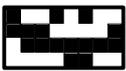
13. About smoking

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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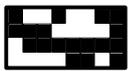
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A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel right now, at the moment. There are no right or wrong answers. Do not spend too 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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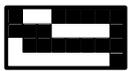
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

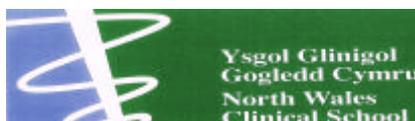
MAELOR

Confidential Questionnaire

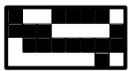
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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

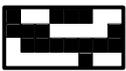
No
 Please go to Section 2

A When did you first notice this? d d / m m / y y OR Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR Estimate
Estimate

OR

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



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5 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

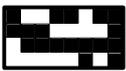
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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5 2

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

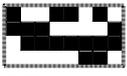
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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5 2

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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5 2

Did your GP send you for any tests?

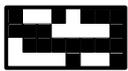
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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5 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)

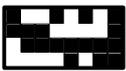
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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	5	2
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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

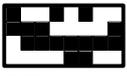
13. About smoking

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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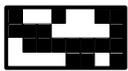
5 2

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	5	2
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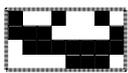
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 2

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 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

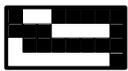
If yes,
please specify which questions and what the difficulty was

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.



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PID -

	5	3
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GLAN CLWYD

CID - GWYNEDD

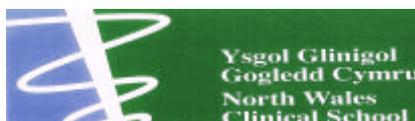
MAELOR

Confidential Questionnaire

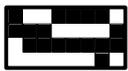
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	5	3
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Dear Patient

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

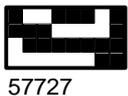
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

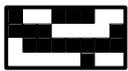
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

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



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5 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 first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

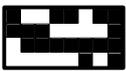
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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5 3

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

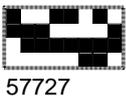
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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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5 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

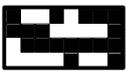
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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5 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)

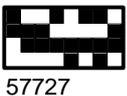
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

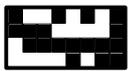
Yes

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)



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	5	3
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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

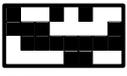
13. About smoking

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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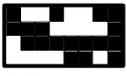
5 3

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	5	3
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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 3

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 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

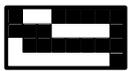
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

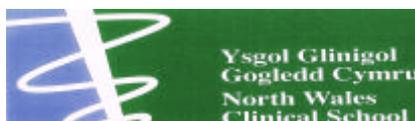
MAELOR

Confidential Questionnaire

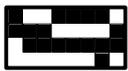
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	5	4
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Dear Patient

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

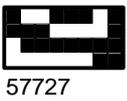
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

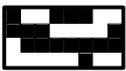
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

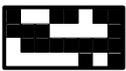
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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5 4

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

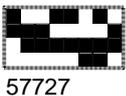
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

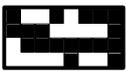
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

5 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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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

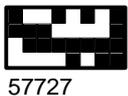
Yes

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)



57727

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

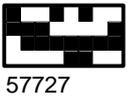
13. About smoking

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



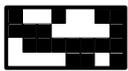
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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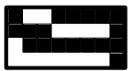
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

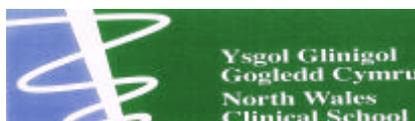
MAELOR

Confidential Questionnaire

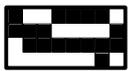
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	5	5
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Dear Patient

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

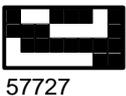
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

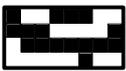
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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5 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 first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

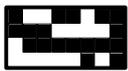
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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5 5

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

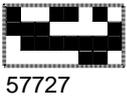
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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5 5

Did your GP send you for any tests?

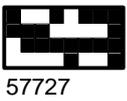
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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5 5

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

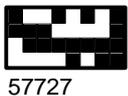
Yes

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)



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	5	5
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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

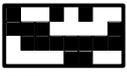
13. About smoking

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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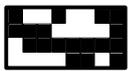
5 5

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	5	5
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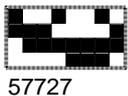
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 5

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 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

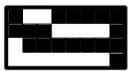
Was the patient made anxious? Yes No

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

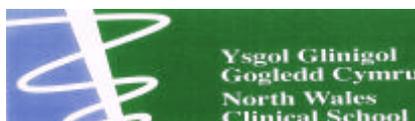
MAELOR

Confidential Questionnaire

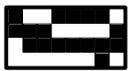
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	5	6
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Dear Patient

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

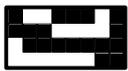
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Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



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Section 1

5 6

About your symptoms

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

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

Looking back...

1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

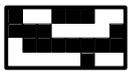
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

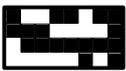
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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



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5 6

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

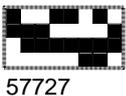
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

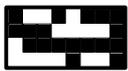
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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11.

Do you live alone?

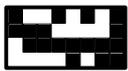
Yes

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)



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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

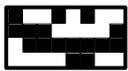
13. About smoking

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



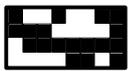
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	5	6
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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 6

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 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

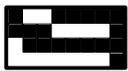
Was the patient made anxious? Yes No

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

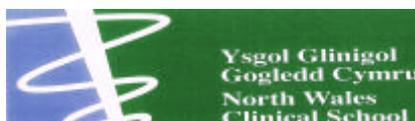
MAELOR

Confidential Questionnaire

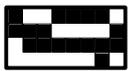
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	5	7
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Dear Patient

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

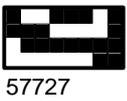
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

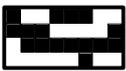
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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5 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

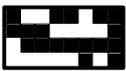
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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5 7

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

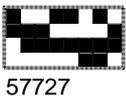
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

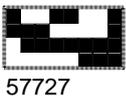
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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5 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

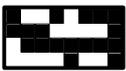
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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	5	7
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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)

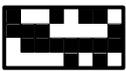
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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5 7

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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



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	5	7
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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

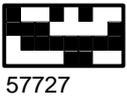
13. About smoking

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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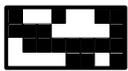
	5	7
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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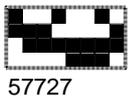
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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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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 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

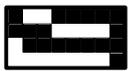
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

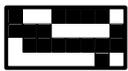
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	5	8
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

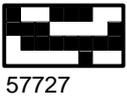
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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5 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

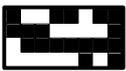
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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5 8

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

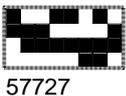
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

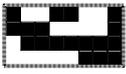
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

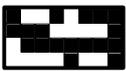
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

5 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)

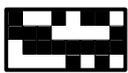
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
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	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

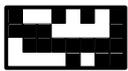
Yes

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)



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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

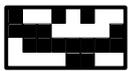
13. About smoking

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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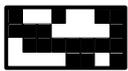
	5	8
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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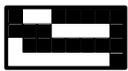
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

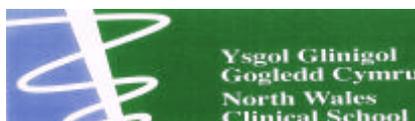
MAELOR

Confidential Questionnaire

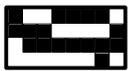
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	5	9
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

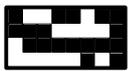
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

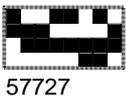
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

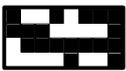
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
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11.

Do you live alone?

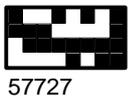
Yes

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)



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
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- Other lung disease (e.g. fibrosis, bronchiectatis etc)
- Heart disease
- Anxiety or depression
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- Peptic ulcer
- Previous cancer
- Diabetes
- Arthritis

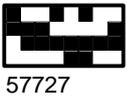
13. About smoking

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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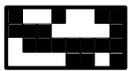
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2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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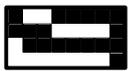
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

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GLAN CLWYD

CID - GWYNEDD

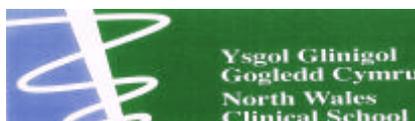
MAELOR

Confidential Questionnaire

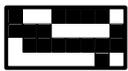
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	6	0
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

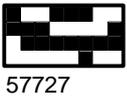
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

60

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

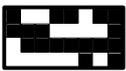
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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60

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

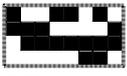
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

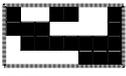
 / /

OR

OR

C 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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60

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

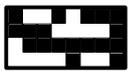
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

6 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)

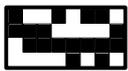
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

6 0

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
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<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

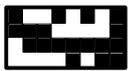
Yes

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)



57727

6 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

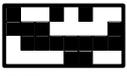
13. About smoking

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



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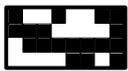
60

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



57727

6 0

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 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

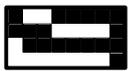
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

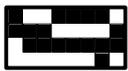
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	6	1
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

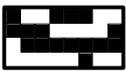
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

6 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

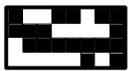
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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6 1

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

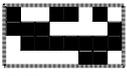
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

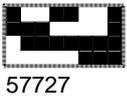
 / /

OR

OR

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

Please try and describe what the feeling was



57727

6 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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6 1

Did your GP send you for any tests?

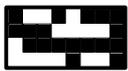
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

6 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)

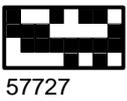
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

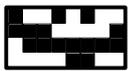
13. About smoking

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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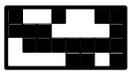
	6	1
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2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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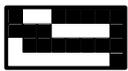
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

	6	2
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GLAN CLWYD

CID - GWYNEDD

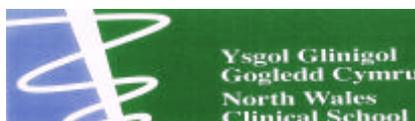
MAELOR

Confidential Questionnaire

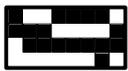
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	6	2
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Dear Patient

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

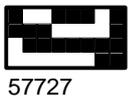
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

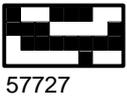
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

6 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

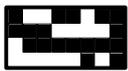
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

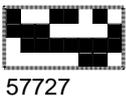
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

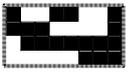
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

6 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

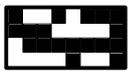
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

6 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)

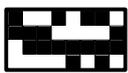
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

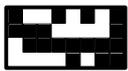
Yes

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)



57727

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

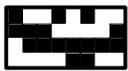
13. About smoking

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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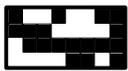
	6	2
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	6	2
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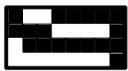
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

	6	3
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GLAN CLWYD

CID - GWYNEDD

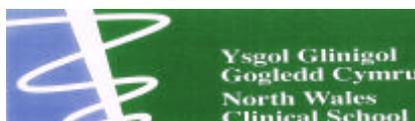
MAELOR

Confidential Questionnaire

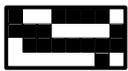
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	6	3
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

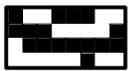
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

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



57727

6 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 first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

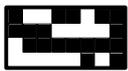
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

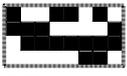
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

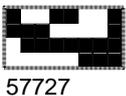
 / /

OR

OR

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

Please try and describe what the feeling was



57727

63

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.

5.	
----	--

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

6.	
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A When did you first notice this?

/ / OR

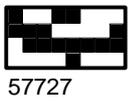
B When did you first tell your GP or nurse?

/ / OR

OR

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

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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6 3

Did your GP send you for any tests?

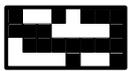
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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

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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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6 3

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

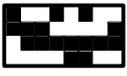
13. About smoking

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

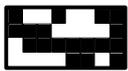


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2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	6	3
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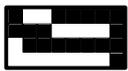
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

	6	4
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GLAN CLWYD

CID - GWYNEDD

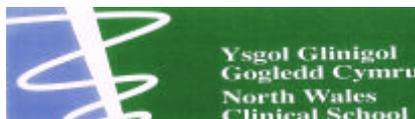
MAELOR

Confidential Questionnaire

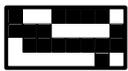
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	6	4
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Dear Patient

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

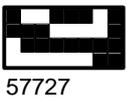
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

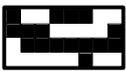
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

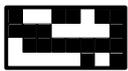
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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64

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

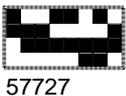
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

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

Please try and describe what the feeling was



57727

64

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

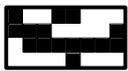
B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

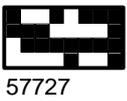
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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	6	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

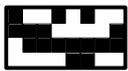
13. About smoking

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 risk of getting cancer because of your family history?

- Yes
- No



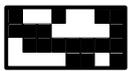
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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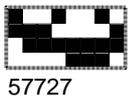
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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6 4

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 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

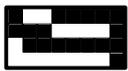
Was the patient made anxious? Yes No

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.



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

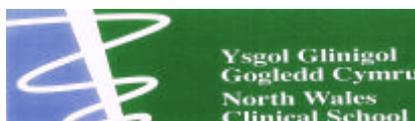
MAELOR

Confidential Questionnaire

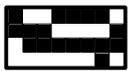
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	6	5
--	---	---

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

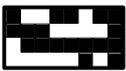
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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6 5

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

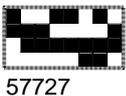
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

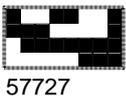
 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

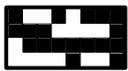
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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6 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)

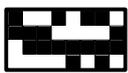
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
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<input type="checkbox"/>	

11.

Do you live alone?

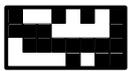
Yes

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)



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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

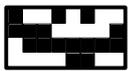
13. About smoking

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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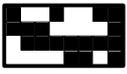
	6	5
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15. The following questions are about how completing the questionnaire made you feel.

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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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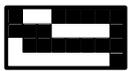
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If you feel you would like to talk to someone about this questionnaire at a later stage, please speak to the doctor or nurse who is looking after you, or be in touch with the research team, whose contact details are on your patient information sheet

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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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

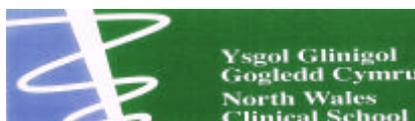
MAELOR

Confidential Questionnaire

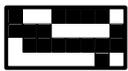
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	6	6
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

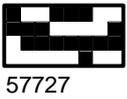
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

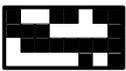
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

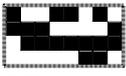
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

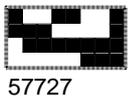
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

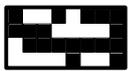
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

66

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)

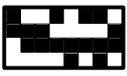
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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66

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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	<input type="checkbox"/>
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<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

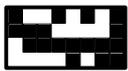
Yes

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)



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	6	6
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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

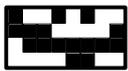
13. About smoking

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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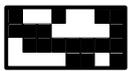
	6	6
--	---	---

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	6	6
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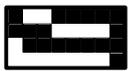
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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



57727

PID -

	6	7
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GLAN CLWYD

CID - GWYNEDD

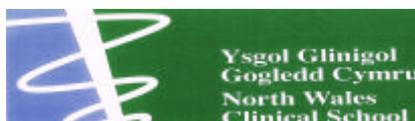
MAELOR

Confidential Questionnaire

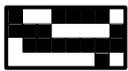
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	6	7
--	---	---

Dear Patient

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

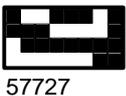
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

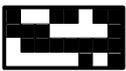
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

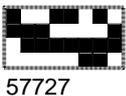
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

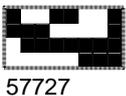
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

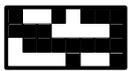
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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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)

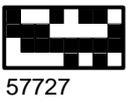
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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



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	6	7
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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

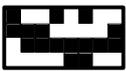
13. About smoking

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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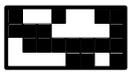
6 7

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	6	7
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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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6 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 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

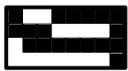
If yes,
please specify which questions and what the difficulty was

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.



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PID -

	6	8
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GLAN CLWYD

CID - GWYNEDD

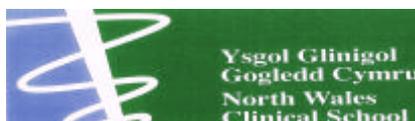
MAELOR

Confidential Questionnaire

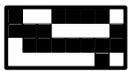
|

Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	6	8
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Dear Patient

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

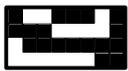
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



57727

About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

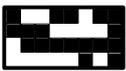
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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6 8

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

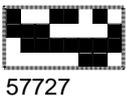
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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6 8

Did your GP send you for any tests?

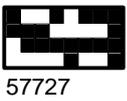
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

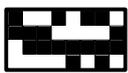
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
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11.

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)



57727

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

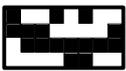
13. About smoking

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



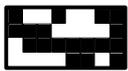
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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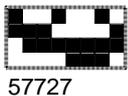
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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 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

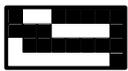
If yes,
please specify which questions and what the difficulty was

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.



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PID -

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GLAN CLWYD

CID - GWYNEDD

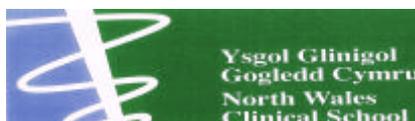
MAELOR

Confidential Questionnaire

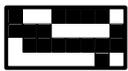
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	6	9
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Dear Patient

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

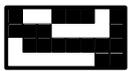
I hope the information you supply will help us give people a diagnosis earlier.

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



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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 related to your cancer.

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? d d / m m / y y OR

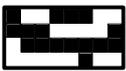
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

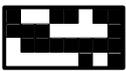
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

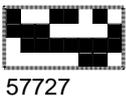
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

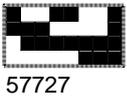
 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

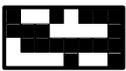
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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69

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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
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11.

Do you live alone?

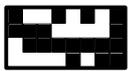
Yes

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)



57727

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

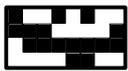
13. About smoking

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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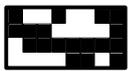
	6	9
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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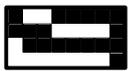
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

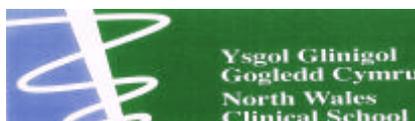
MAELOR

Confidential Questionnaire

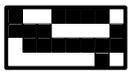
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

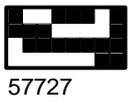
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? d d / m m / y y OR

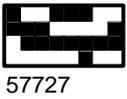
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

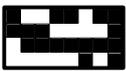
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

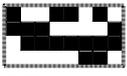
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

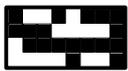
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

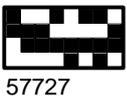
Diploma (or equivalent)

'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
- 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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

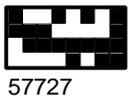
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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7 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

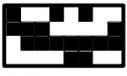
13. About smoking

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



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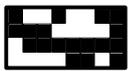
7 0

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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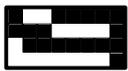
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

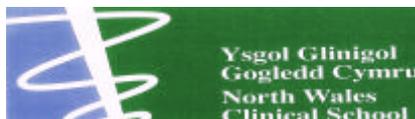
MAELOR

Confidential Questionnaire

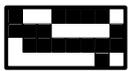
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

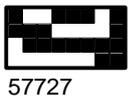
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

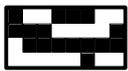
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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7 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

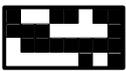
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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7 1

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

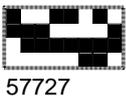
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

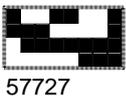
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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7 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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7 1

Did your GP send you for any tests?

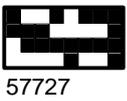
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

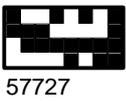
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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
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- Irritable bowel syndrome
- Peptic ulcer
- Previous cancer
- Diabetes
- Arthritis

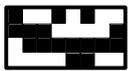
13. About smoking

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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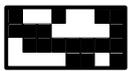
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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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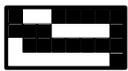
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

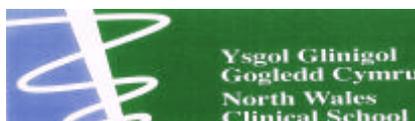
MAELOR

Confidential Questionnaire

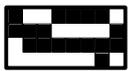
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
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Dear Patient

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

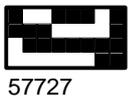
I hope the information you supply will help us give people a diagnosis earlier.

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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / **OR**

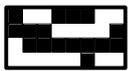
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / **OR**

Estimate

OR

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



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7 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

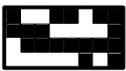
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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7 2

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

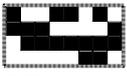
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

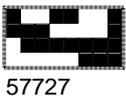
 / /

OR

OR

C 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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7 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

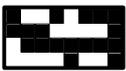
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

	7	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

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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 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
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- Peptic ulcer
- Previous cancer
- Diabetes
- Arthritis

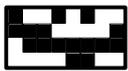
13. About smoking

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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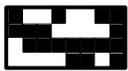
	7	2
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	7	2
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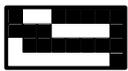
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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



57727

PID -

	7	3
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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

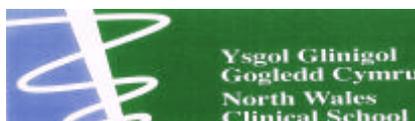
MAELOR

Confidential Questionnaire

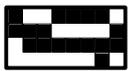
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	7	3
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Dear Patient

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

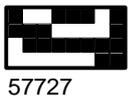
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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

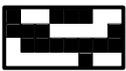
No
 Please go to Section 2

A When did you first notice this? d d / m m / y y OR Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? 2 3 / 1 2 / 0 7 OR Estimate
Estimate

OR

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



57727

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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

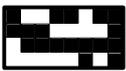
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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7 3

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

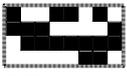
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

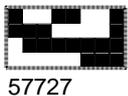
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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.



57727

7 3

Did your GP send you for any tests?

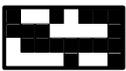
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

7 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



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7 3

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
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<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

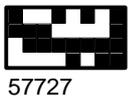
Yes

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)



57727

	7	3
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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

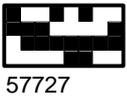
13. About smoking

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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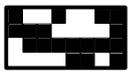
7 3

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Please make sure you have answered all the questions.



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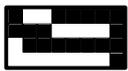
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

	7	4
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GLAN CLWYD

CID - GWYNEDD

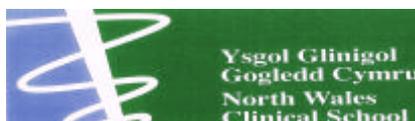
MAELOR

Confidential Questionnaire

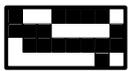
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	7	4
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Dear Patient

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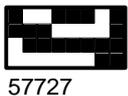
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Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

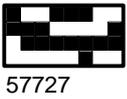
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



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7 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

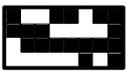
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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7 4

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

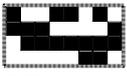
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

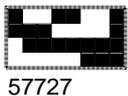
 / /

OR

OR

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

Please try and describe what the feeling was



57727

7 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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	7	4
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Did your GP send you for any tests?

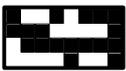
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

7 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)

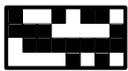
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

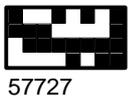
Yes

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)



57727

	7	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

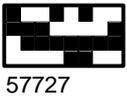
13. About smoking

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 risk of getting cancer because of your family history?

- Yes
- No



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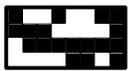
	7	4
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	7	4
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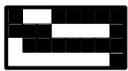
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

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GLAN CLWYD

CID - GWYNEDD

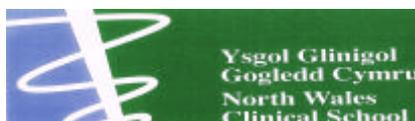
MAELOR

Confidential Questionnaire

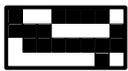
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

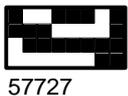
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

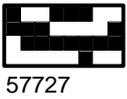
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

7 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

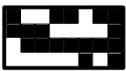
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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7 5

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

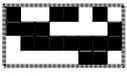
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

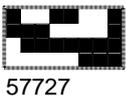
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

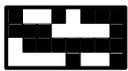
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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7 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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7 5

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
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11.

Do you live alone?

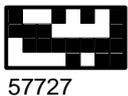
Yes

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)



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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

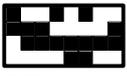
13. About smoking

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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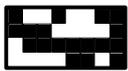
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A number of statements which people have used to describe themselves are given below. Read each statement and then cross the most appropriate box to indicate how you feel right now, at the moment. There are no right or wrong answers. Do not spend too 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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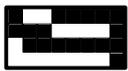
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

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CID - GWYNEDD

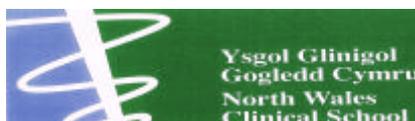
MAELOR

Confidential Questionnaire

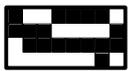
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	7	6
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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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

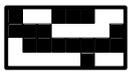
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

7 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

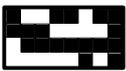
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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



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7 6

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

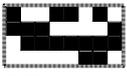
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

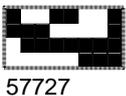
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

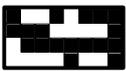
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

7 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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7 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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

Do you live alone?

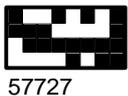
Yes

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)



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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
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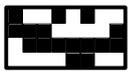
13. About smoking

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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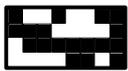
	7	6
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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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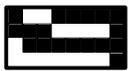
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GLAN CLWYD

CID - GWYNEDD

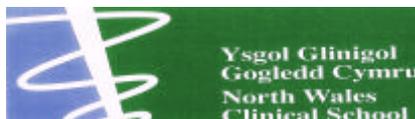
MAELOR

Confidential Questionnaire

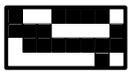
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

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Dear Patient

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

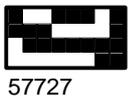
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

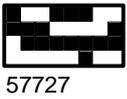
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

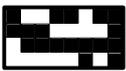
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

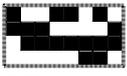
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

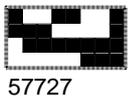
 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

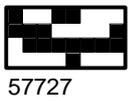
B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

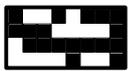
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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11.

Do you live alone?

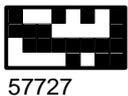
Who do you live with?
(e.g. wife, husband, partner, family member)

Yes

Please go to Question 12

No

Please say who you live with below



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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?

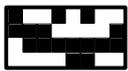
Are you an ex-smoker?

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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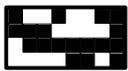
	7	7
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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

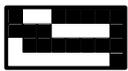
If yes,

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.



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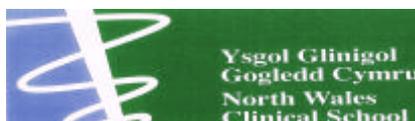
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Confidential Questionnaire

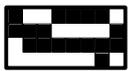
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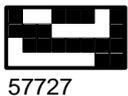
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Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

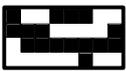
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

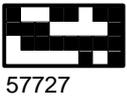
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

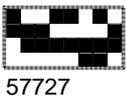
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

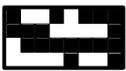
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



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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

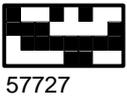
13. About smoking

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



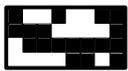
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3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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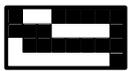
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Thank you for completing the questionnaire

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The next page is for the Researcher to complete



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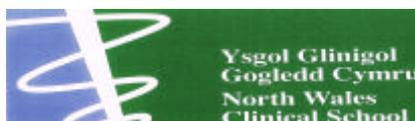
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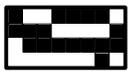
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Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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Dear Patient

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

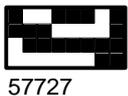
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

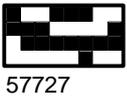
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

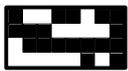
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

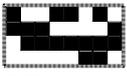
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

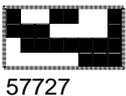
 / /

OR

OR

C 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

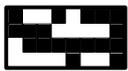
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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7 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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7 9

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

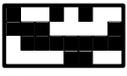
13. About smoking

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

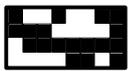


15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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

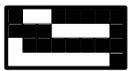
Was the patient made anxious? Yes No

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.



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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

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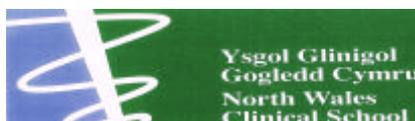
MAELOR

Confidential Questionnaire

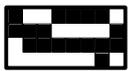
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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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 any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

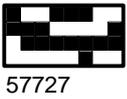
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

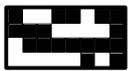
B When did you first tell your GP or nurse?

 / /

OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

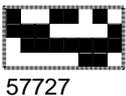
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

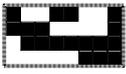
B When did you first tell your GP or nurse?

/ / OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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?

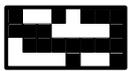
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



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8 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



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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

	<input type="checkbox"/>
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<input type="checkbox"/>	

11.

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)



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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?

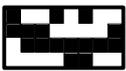
Are you an ex-smoker?

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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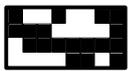
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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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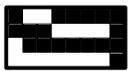
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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GLAN CLWYD

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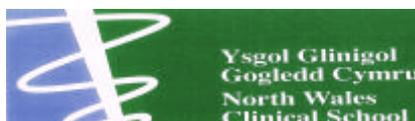
MAELOR

Confidential Questionnaire

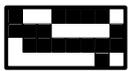
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Looking At Your Symptoms Study

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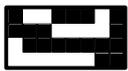
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About your symptoms

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

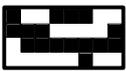
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

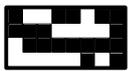
B When did you first tell your GP or nurse?

 / /

OR

OR

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



57727

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

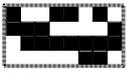
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

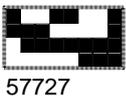
 / /

OR

OR

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

Please try and describe what the feeling was



57727

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

5.

5.	<hr/> <hr/>
----	-------------

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

6.	<hr/> <hr/>
----	-------------

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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.



57727

Did your GP send you for any tests?

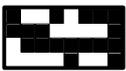
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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



57727

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	

11.

Do you live alone?

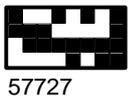
Yes

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)



57727

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

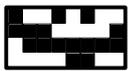
13. About smoking

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



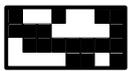
57727

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



57727

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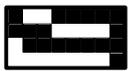
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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



57727

PID -

	8	2
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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

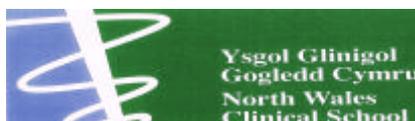
MAELOR

Confidential Questionnaire

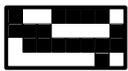
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	8	2
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Dear Patient

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

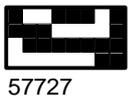
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

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

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

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

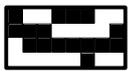
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

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



57727

8 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

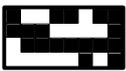
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

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



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Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

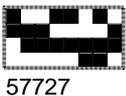
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

/ / OR

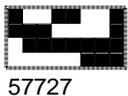
B When did you first tell your GP or nurse?

/ / OR

OR

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

Please try and describe what the feeling was



57727

8 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

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

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

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

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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	8	2
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Did your GP send you for any tests?

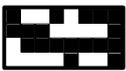
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please go to Question 8



57727

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)

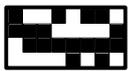
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



57727

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

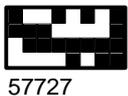
Yes

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)



57727

	8	2
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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

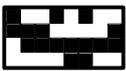
13. About smoking

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



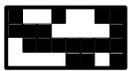
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



57727

	8	2
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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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8 2

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 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

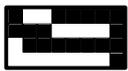
If yes,
please specify which questions and what the difficulty was

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.



57727

PID -

	8	3
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GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

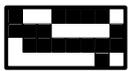
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Looking At Your Symptoms Study

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South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	8	3
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Dear Patient

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

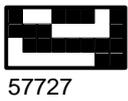
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Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

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

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

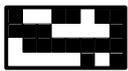
B When did you first tell your GP or nurse?

 / /

OR

OR

C Put a cross here if you didn't tell your GP or nurse



57727

8 3

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

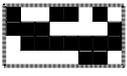
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse



57727

8 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

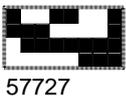
 / /

OR

OR

C Put a cross here if you didn't tell your GP or nurse

Please try and describe what the feeling was



57727

8 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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

Please describe the symptom here and complete A then B or C below

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

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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8 3

Did your GP send you for any tests?

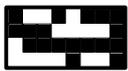
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

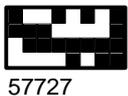
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

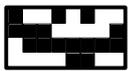
13. About smoking

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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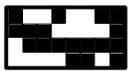
	8	3
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	8	3
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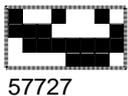
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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8 3

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 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

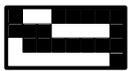
If yes,

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.



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

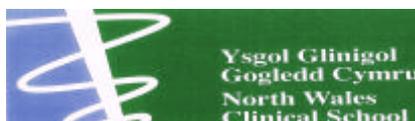
MAELOR

Confidential Questionnaire

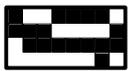
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	8	4
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Dear Patient

I am very grateful to you for agreeing to help us with this study.

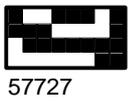
I hope the information you supply will help us give people a diagnosis earlier.

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



About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are related to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

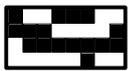
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C 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

A When did you first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

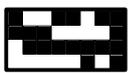
B When did you first tell your GP or nurse?

 / /

OR

OR

C Put a cross here if you didn't tell your GP or nurse



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8 4

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

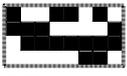
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

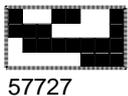
 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

Please describe the symptom here and complete A then B or C below

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

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?

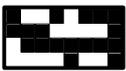
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
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<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

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

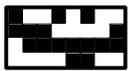
13. About smoking

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



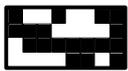
57727

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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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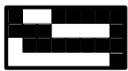
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

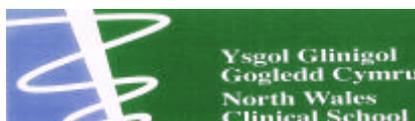
MAELOR

Confidential Questionnaire

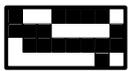
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Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	8	5
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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



About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are related to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

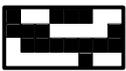
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C Put a cross here if you didn't tell your GP or nurse



57727

8 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

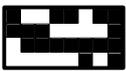
B When did you first tell your GP or nurse?

 / /

OR

OR

C Put a cross here if you didn't tell your GP or nurse



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8 5

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

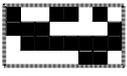
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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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8 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.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

Please describe the symptom here and complete A then B or C below

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

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?

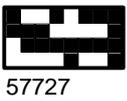
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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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

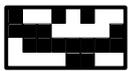
13. About smoking

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



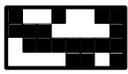
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	8	5
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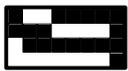
If you have any other comments or there is anything else you would like to tell us about when you first noticed your symptoms, please do so using the space below.

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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PID -

	8	6
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GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

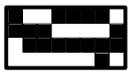
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



57727

	8	6
--	---	---

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



About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are related to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

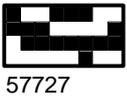
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C Put a cross here if you didn't tell your GP or nurse



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8 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

 / /

OR

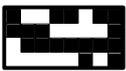
B When did you first tell your GP or nurse?

 / /

OR

OR

C Put a cross here if you didn't tell your GP or nurse



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8 6

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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

A When did you first notice this?

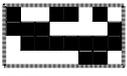
/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

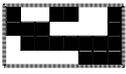
 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

Please describe the symptom here and complete A then B or C below

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

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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8 6

Did your GP send you for any tests?

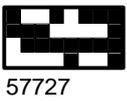
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

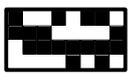
Diploma (or equivalent)

'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

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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
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	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

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)



57727

	8	6
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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

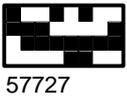
13. About smoking

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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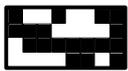
	8	6
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15. The following questions are about how completing the questionnaire made you feel.

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	Not at all	Somewhat	Moderately	Very much
1. I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	8	6
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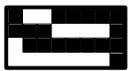
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Thank you for completing the questionnaire

Please give it to the research nurse

The next page is for the Researcher to complete



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PID -

	8	7
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Ymddiriedolaeth GIG Gogledd Cymru
North Wales NHS Trust

GLAN CLWYD

CID - GWYNEDD

MAELOR

Confidential Questionnaire

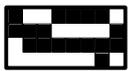
|

Looking At Your Symptoms Study

This Study has been funded by Cancer Research UK



South East Wales
Trials Unit
Uned Ymchwil
De-ddwyrain Cymru



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	8	7
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Dear Patient

I am very grateful to you for agreeing to help us with this study.

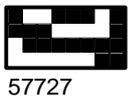
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I can assure you that anything you tell us will be treated in the utmost confidence.

Yours sincerely

Dr Richard Neal
Senior Clinical Lecturer
Cardiff University
Chief Investigator, Symptoms Study



About your symptoms

These questions are about symptoms you noticed before your diagnosis. We are interested in symptoms which you think are related to your cancer.

Please put a cross in the appropriate box, or write an answer as required.

Looking back...

- 1. Did you have any symptoms that you feel were due to your cancer before you were diagnosed?
- 2. What was the first 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 exact date if you can. Otherwise give your best estimate. (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 first notice this? / / OR

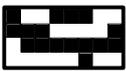
Estimate
'3 months ago' or 'June'

B When did you first tell your GP or nurse? / / OR

Estimate

OR

C Put a cross here if you didn't tell your GP or nurse



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8 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

A When did you first notice this?

 / / OR

B When did you first tell your GP or nurse?

 / / OR

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?

Yes

Please complete A then B or C below

No

Please go to Section 2

A When did you first notice this?

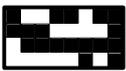
 / / OR

B When did you first tell your GP or nurse?

 / / OR

OR

C Put a cross here if you didn't tell your GP or nurse



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8 7

Section 2

Please give an exact date if you can. Otherwise give your best estimate (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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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

A When did you first notice this?

 / /

OR

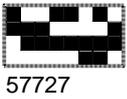
B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

 / /

OR

OR

C 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 first notice this?

 / /

OR

B When did you first tell your GP or nurse?

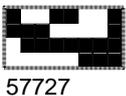
 / /

OR

OR

C 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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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

5.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

If you had another symptom you feel is relevant, please write it below, otherwise go to Question 7.

Please describe the symptom here and complete A then B or C below

6.

A When did you first notice this?

/ / OR

B When did you first tell your GP or nurse?

/ / OR

OR

C Put a cross here if you didn't tell your GP or nurse

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?

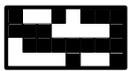
Thinking back to the time immediately before you diagnosis, did your GP send you for any of the following tests?

Please cross the appropriate boxes

7. Were you sent for any of these?

	Yes	Not sure	No
Blood test(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT Scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ultrasound scan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barium Enema	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sigmoidoscopy or colonoscopy (Looking at bowel with internal camera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-ray	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)

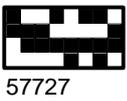
Diploma (or equivalent)

'A' level

GCSE / 'O' level

None

Other, please specify



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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

	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
	<input type="checkbox"/>
<input type="checkbox"/>	
<input type="checkbox"/>	

11.

Do you live alone?

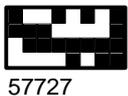
Yes

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)



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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

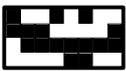
13. About smoking

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



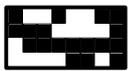
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15. The following questions are about how completing the questionnaire made you feel.

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 right now, 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please make sure you have answered all the questions.



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	8	7
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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

