

Participant number:

CRUK Guardian Angel Participant Questionnaire

Thank you for agreeing to complete this survey.

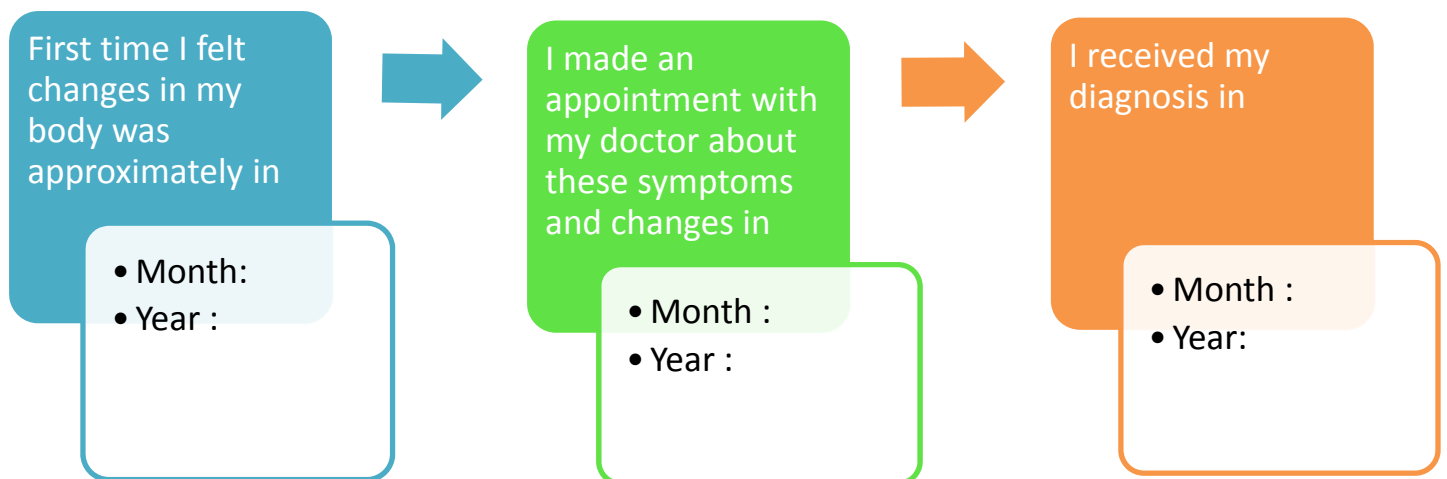
- It should take no longer than 10 minutes to complete. You may, however, take as long as you wish.
- There are no right or wrong answers and it does not matter whether you change your responses.
- Your answers will be sent directly to the UCL research team and will be treated in strict confidence.
- Please return the survey in the freepost envelope (no stamp required).

If you have any difficulties completing this survey or have any questions about it, please call **020 7679 1615** or send an email to the principal researcher, Yasemin Hirst, y.hirst@ucl.ac.uk

Thank you

The first few questions is about your experience with symptoms and bodily changes prior to your cancer diagnosis

As mentioned in our invitation sheet, in order to evaluate whether or not there were changes during the first time you thought you are experiencing changes in your body and until you first made your first appointment with your GP we need to put together an individual timeline for each patient we invited to this project.



Was there a particular symptom or symptoms that you felt when you go back to the first time you felt changes in your body (i.e. way before you went to your GP)?”

YES

NO

If YES, please indicate the first symptom or symptoms you recognised prior to your visit to your GP

- Chest pain/ Persistent Cough/Sore throat/
- Shortness of breath
- Unexplained Lump
- Unexplained bleeding
- Persistent unexplained pain
- Back Pain
- Lower tummy (abdominal) pain
- Headache
- Change in the appearance of a mole
- Difficulty swallowing
- Passing urine more than usual
- Constipation
- Pain during sex
- Weight loss
- Irregular Periods or vaginal bleeding after menopause (women only)
- A swollen abdomen / Persistent bloating
- Feeling of fullness or loss of appetite
- Feeling tired/constant fatigue
- Persistent change in Bowel Habits
- Other _____
- Other _____

Have you used any over-the-counter medication to manage the symptom or symptoms without seeing your GP?

- Yes
Please Specify : _____
- No, I did not use medication
- Waited for the symptom to resolve on it is own
- I used other methods
Please Specify : _____
- I used non-medicinal (natural) remedies (e.g.
Specify : _____
- Other
Specify : _____

FINALLY, A FEW QUESTIONS ABOUT YOU TO HELP US ANALYSE THE RESULTS OF THE SURVEY

Please enter today's date:

What is your age?

Which of these best describes your ethnic group?

White		Mixed		Asian or Asian British		Black or Black British		Chinese/ other	
<input type="checkbox"/>	White British	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	White Irish	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Other..... ...
<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Any other Black background	<input type="checkbox"/>	Prefer not to say
		<input type="checkbox"/>	Any other Mixed background	<input type="checkbox"/>	Any other Asian background				

What is your marital status?

Single/ never married	Married/ living with partner	Divorced/ Separated	Widowed	Prefer not to say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What is the highest level of education qualification you have obtained?

<input type="checkbox"/>	Degree or higher degree	<input type="checkbox"/>	O Level or GCSE equivalent (Grade A - C)
<input type="checkbox"/>	Higher education qualification below degree level	<input type="checkbox"/>	O Level or GCSE (Grade D - G)
<input type="checkbox"/>	A-levels or highers	<input type="checkbox"/>	No formal qualifications
<input type="checkbox"/>	ONC/BTEC	<input type="checkbox"/>	Other
<input type="checkbox"/>	Still studying	<input type="checkbox"/>	Prefer not to say

Have you, your family or close friends had cancer?

	Yes	No	Don't know	Prefer not to say
You	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other family member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Close friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared with other people your age, would you say your health is ...

Poor	Fair	Good	Very good	Excellent
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have a different long standing/Chronic illness which requires constant medication?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please tell us what it is	

How often do you use loyalty cards when you go shopping?

Not at all	Not very often	Sometimes	Often	All the time
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of the following cards do you own?

- Tesco
- Boots
- Sainsbury's (Nectar Card)
- Co-op
- Morrison's
- Superdrug
- Other _____
- Other _____
- Other _____
- Other _____
- Other _____
- Other _____

Thank you for completing this survey.