


## Guidance notes for website

Thank you agreeing to help with the study by providing us with information about your lifestyle. It should take between 45 - 60 minutes. All answers will be kept completely confidential.

Please complete the questionnaire as soon as possible after your GP consultation.

If you have any questions, please contact the Study Manager:

**Mrs Sue Broomfield, University of Southampton**  
**Tel: 023 8024 1081. Email: seb4@soton.ac.uk**

- Please try and answer all questions.
- Some of the questions have extra information at the beginning to help you to complete them. These are printed below so that you can refer to them if you need to. You may want to print these sheets before starting the questionnaire.
- You do not have to complete the whole questionnaire in one session; it can be done one section at a time. Remember to click on the submit button  at the end of each section; if you don't submit the information at the end of each section you will lose any information you have entered in that section. Once you have completed a section you will not be able to return to it.
- Do not use the back arrow on your browser or the information you have entered in that section will be lost.
- You will get a message to tell you when you have no more sections to complete.

### SECTION 1: GENERAL INFORMATION

This section has ten questions. To answer these questions click on the arrows underneath the question and click on the statement that best describes you.

### SECTION 2: SMOKING, ALCOHOL, DIET AND EXERCISE

The diet part of this section (Section 2b) may take you up to 20 minutes and so you should allow extra time to complete it.

**Section 2a** – This section contains 7 questions in total but, depending on your answers, you may not be asked to complete them all.

## Section 2b – Diet

Foods you usually eat in a normal day or week. **You do not need to spend a long time on this – just a good estimate.**

- If you do not eat foods every day fill in the week column. If you don't eat the food put 0 in the week column. Then please indicate roughly how big your normal helping is compared to the 'portion size' indicated (please note the 'portion sizes' are NOT a normal portion – usually less than a normal person's portion size)
- We have provided an electronic copy of this section as you may find it easier to print this out to complete this away from your computer and use that to fill in the web version.

Below is a screenshot from the website that has been completed to show how you would fill in the cereal part of the example:

EXAMPLE. This person eats a bowl of cereal 5 times a week and it is 2 'portions' each time and has bread twice a day, each time having 3 'portions':

	Portion size	'Portions' each time	Per day	Per week
Breakfast cereal	3 tablespoons/average bowl (all spoons are rounded)	2		5
Bread/toast	1 slice	3	2	

**BREAD/CEREAL/POTATOES**  
High fibre breakfast cereal (eg Weetabix, Allbran, muesli)  
'Portion' size: 3 tablespoons/average bowl (all spoons are rounded)

'Portions' each time	<input type="text" value="2"/>
Per day	<input type="text" value=""/>
Per week	<input type="text" value="5"/>

### SECTION 3: YOUR FEELINGS ABOUT YOUR LIFE AND THE SUPPORT AVAILABLE TO YOU

For these 5 questions please be open and honest but do not spend too much time thinking about your answer. There are no right or wrong answers. Use the arrow keys and select from the choices offered to you.

### SECTION 4: YOUR ATTITUDES TO CANCER, FAMILY HISTORY OF CANCER, WORRIES ABOUT YOUR HEALTH AND HOW YOU MIGHT REACT IN DIFFERENT MEDICAL SITUATIONS.

There are 7 questions in this section.

Q4.7 has the following introduction:

*The next two questions contain descriptions of situations you may have actually found yourself in, or you can imagine you might find yourself in. Each situation is followed by several statements about thoughts, concerns and action tendencies people may have in such a situation. Please try to imagine that you are in the situation described and indicate for each statement to what degree it is applicable to you. There are no right or wrong answers.*

## SECTION 5: QUALITY OF LIFE, OTHER MEDICAL CONDITIONS

This section has 9 questions.

## SECTION 6: DETAILED LUNG SYMPTOMS

You need to answer this section if, when you were asked to take part in the study, you were seeing your doctor about

- chest or lung symptoms (cough, short of breath etc), *OR*
- general symptoms (e.g. weight loss, appetite loss or sweats)

You do not need to complete it if you only have bowel symptoms (e.g. blood in motions, a change in bowel habits).

There are a large number of questions – but they are all fairly short and you may not have to answer all of them. **PLEASE NOTE:** When you click yes to the first question there is a slight delay before the extra questions appear; this is not a problem with the website.

**In this section we are interested in all aspects of your health, including:**

- **Your everyday health**
- **changes in your health**
- **changes in your health that have not resulted in you feeling ill**

Please answer questions fully even if the question does not appear relevant to your **current** health complaints.

Question 6.4 has some images for you to mark if you have been suffering from upper body pains. If you make a mistake you can click the box again to remove the mark.

**Acknowledgment:** Parts of this questionnaire were adapted from IPCARD Version 7 that was evaluated in the NSPCR funded IPCARD Feasibility Study, co-led by Brindle (University of Southampton) and Wilson (University of Birmingham).

**Thank you for taking part in the CANDID study. We are grateful for your help.**