

Report Supplementary Material 2

FIT for Follow-Up study participant questionnaires

Participant number:



Participant Questionnaire

Thank you very much for taking part in this study. We would be very grateful if you could complete this questionnaire. Your answers are important to us.

We are particularly interested in your views about the FIT kit, and whether you experienced any worries or concerns up to this point.

Once you have completed the questionnaire, please return it in the freepost envelope enclosed (no stamp is required).

If you have any difficulties completing this questionnaire, please do not hesitate to contact Dr Christian von Wagner on 0207 679 1940.

Thank you

If you lose the Freepost envelope, please post to:

'FIT for Follow-Up' Study
c/o Professor Wendy Atkin
Cancer Screening and Prevention Research Group
Room 505 Wright Fleming Building
Norfolk Place
London W2 1PG

FIT INVITATION

(Please tick your responses)

	Very difficult to understand	Fairly difficult to understand	Fairly easy to understand	Very easy to understand
Was the FIT information you received with your invitation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No	Don't remember	Do not wish to answer
When you received the FIT test, did you call the helpline or contact your GP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was it:				
... for advice on whether to take part in the study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for advice on how to complete the FIT kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for advice on your previous history of bowel investigations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't remember	Do not wish to answer
What motivated you to take part in the study...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for reassurance that you do not have bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to help with scientific research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to improve your standard of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIT KIT INSTRUCTIONS

	Very difficult to understand	Fairly difficult to understand	Fairly easy to understand	Very easy to understand
The FIT kit instructions were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not sensible at all	Not sensible	Fairly sensible	Very sensible
The FIT kit instructions were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very difficult to remember	Fairly difficult to remember	Fairly easy to remember	Very easy to remember
The FIT kit instructions were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Not useful at all	Not useful	Fairly useful	Very useful
The FIT kit instructions were:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was there anything you particularly DISLIKED about the FIT kit instructions (Please write below)

Was there anything you particularly LIKED about the FIT kit instructions (Please write below)

Please turn to the next page...

DOING THE FIT KIT

How did you catch the bowel motions for the test? (please tick (✓) each method you used):

- 1) On folded pieces of toilet paper
- 2) On a plastic bag to cover your hand
- 3) On a clean disposable container
- 4) Other:

How easy did you find...	Very difficult	Difficult	Easy	Very easy
... catching your bowel motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... removing the stick from the sampling bottle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... collecting the sample with the stick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... reinserting the stick into the sampling bottle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... closing the sampling bottle after use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Agree	Strongly agree
Doing the FIT made me feel anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thought of an abnormal result from the FIT scared me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing the FIT was unpleasant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After seeing the FIT, I was concerned about its ability to detect new polyps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will use the FIT again when it is offered to me in a year's time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My overall impression of the FIT was satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any further comments about completing the FIT? (Please write below)

RECEIVING THE FIT RESULTS

How did you feel...	Not worried	A bit worried	Quite worried	Very worried
... when waiting for the FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... when you received the FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with the way the result of the FIT was explained to you?	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the FIT ...	Not at all	A little bit	Quite a bit	A great deal
... reassure you that you did not have bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... make you feel more hopeful about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... make you feel less anxious about bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you have any questions about the FIT result? (please write below)

Please turn to the next page...

Compared with other people of your sex and age, how would you rate your chances of getting bowel cancer?

Much below average

Below average

Average

Above average

Much above average

Over the last 2 weeks, how often have you...

Not at all

Less than once a week

More than once a week

Every day

... worried about having bowel polyps?

... thought about your own chance of developing bowel cancer?

HOW ARE YOU FEELING RIGHT NOW?

An important aim of this study is to monitor how people feel. Please read each statement below and tick the box that best indicates the way you feel right now.

	Not at all	Somewhat	Moderately	Very much so
I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today's Date

Thank you for taking the time to complete this questionnaire

Participant number:



Participant Questionnaire

Thank you very much for taking part in this study. We would be very grateful if you could complete this questionnaire. Your answers are important to us.

We are particularly interested in your views about the FIT kit, and how you felt about the follow-up colonoscopy. This is the final questionnaire you will be asked to complete for this study, and we would value your opinion.

Once you have completed the questionnaire, please return it in the freepost envelope enclosed (no stamp is required).

If you have any difficulties completing this questionnaire, please do not hesitate to contact Dr Christian von Wagner on 0207 679 1940.

Thank you

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Norfolk Place
London W2 1PG

FIT INVITATION

(Please tick your responses)

	Very difficult to understand	Fairly difficult to understand	Fairly easy to understand	Very easy to understand
Was the FIT information you received with your invitation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you received the FIT test, did you call the helpline or contact your GP?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>	Do not wish to answer <input type="checkbox"/>
If yes, was it:				
... for advice on whether to take part in the study?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for advice on how to complete the FIT kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... for advice on your previous history of bowel investigations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What motivated you to take part in the study...	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't remember <input type="checkbox"/>	Do not wish to answer <input type="checkbox"/>
... for reassurance that you do not have bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to help with scientific research?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... to improve your standard of care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIT KIT INSTRUCTIONS

The FIT kit instructions were:	Very difficult to understand <input type="checkbox"/>	Fairly difficult to understand <input type="checkbox"/>	Fairly easy to understand <input type="checkbox"/>	Very easy to understand <input type="checkbox"/>
	Not sensible at all <input type="checkbox"/>	Not sensible <input type="checkbox"/>	Fairly sensible <input type="checkbox"/>	Very sensible <input type="checkbox"/>
The FIT kit instructions were:	Very difficult to remember <input type="checkbox"/>	Fairly difficult to remember <input type="checkbox"/>	Fairly easy to remember <input type="checkbox"/>	Very easy to remember <input type="checkbox"/>
	Not useful at all <input type="checkbox"/>	Not useful <input type="checkbox"/>	Fairly useful <input type="checkbox"/>	Very useful <input type="checkbox"/>
The FIT kit instructions were:				

Was there anything you particularly DISLIKED about the FIT kit instructions (Please write below)

Was there anything you particularly LIKED about the FIT kit instructions (Please write below)

Please turn to the next page...

DOING THE FIT KIT

How did you catch the bowel motions for the test?
(please tick (✓) each method you used):

- 1) On folded pieces of toilet paper
- 2) On a plastic bag to cover your hand
- 3) On a clean disposable container
- 4) Other:

How easy did you find...

	Very difficult	Difficult	Easy	Very easy
... catching your bowel motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... removing the stick from the sampling bottle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... collecting the sample with the stick?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... reinserting the stick into the sampling bottle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
... closing the sampling bottle after use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strongly disagree

Disagree

Agree

Strongly agree

Doing the FIT made me feel anxious

The thought of an abnormal result from the FIT scared me

Doing the FIT was unpleasant

After seeing the FIT, I was concerned about its ability to detect new polyps

I would use the FIT again if it was offered to me in the future

My overall impression of the FIT was satisfactory

Do you have any further comments about completing the FIT? (Please write below)

RECEIVING THE FIT RESULTS

How did you feel...

Not worried

A bit worried

Quite worried

Very worried

... when waiting for the FIT result?

... when you received the FIT result?

Very dissatisfied

Dissatisfied

Satisfied

Very satisfied

How satisfied were you with the way the result of the FIT was explained to you?

Did you have any questions about the FIT result? (Please write below)

Please turn to the next page...

COLONOSCOPY

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
How did you feel about being invited to have a colonoscopy earlier than you had expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did your last colonoscopy...	Not at all	A little bit	Quite a bit	A great deal
...reassure you that you did not have bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel more hopeful about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel less anxious about bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you could choose, what would you prefer (please select ONE of the four following options)?

Routine colonoscopy every three years and no FIT	<input type="checkbox"/>
Routine colonoscopy every three years plus a FIT every year	<input type="checkbox"/>
FIT every year with colonoscopy only for a positive result	<input type="checkbox"/>
No further colonoscopies or FIT tests	<input type="checkbox"/>

Compared with other people of your sex and age, how would you rate your chances of getting bowel cancer?	Much below average	Below average	Average	Above average	Much above average
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last 2 weeks, how often have you...	Not at all	Less than once a week	More than once a week	Every day
...worried about having bowel polyps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...thought about your own chance of developing bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW ARE YOU FEELING RIGHT NOW?

An important aim of this study is to monitor how people feel. Please read each statement below and tick the box that best indicates the way you feel right now.

I feel calm	Not at all	Somewhat	Moderately	Very much so
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are planning to invite a small number of people to tell us more about their experience in a brief telephone interview. Would you be prepared to be contacted again?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Today's Date

Thank you for taking the time to complete this questionnaire

Participant number:



Participant Questionnaire

Thank you very much for taking part in this study. We would be very grateful if you could complete this questionnaire. Your answers are important to us.

We are particularly interested in your views about the FIT kit, and whether you experienced any worries or concerns up to this point.

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DOING THE SECOND FIT KIT

(Please tick your responses)

	Strongly disagree	Disagree	Agree	Strongly agree
Doing the FIT for the second time was easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing the FIT made me feel anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thought of an abnormal result from this FIT scared me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I will use the FIT again, if it is offered to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any further comments about completing the FIT? (Please write below)

RECEIVING THE FIT RESULT

	Not worried	A bit worried	Quite worried	Very worried
How did you feel...				
...when waiting for your second FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when you received your second FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
How satisfied were you with the way the result of the FIT was explained to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you have any questions about the FIT result? (Please write below)

	Not at all	A little bit	Quite a bit	A great deal
Did the FIT ...				
...reassure you that you did not have bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel more hopeful about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel less anxious about bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Below average	Average	Above average	Much above average
Compared with other people of your sex and age, how would you rate your chances of getting bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	Less than once a week	More than once a week	Every day
Over the last 2 weeks, how often have you...				
...worried about having bowel polyps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...thought about your own chance of developing bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to the next page...

HOW ARE YOU FEELING RIGHT NOW?

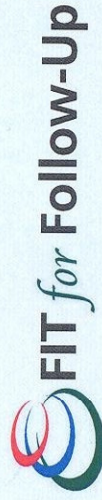
An important aim of this study is to monitor how people feel. Please read each statement below and tick the box that best indicates the way you feel right now.

	Not at all	Somewhat	Moderately	Very much so
I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today's Date

Thank you for taking the time to complete this questionnaire

Participant number:



Participant Questionnaire

Thank you very much for taking part in this study. We would be very grateful if you could complete this questionnaire. Your answers are important to us.

We are particularly interested in your views about the FIT kit, and how you felt about the follow-up colonoscopy. This is the final questionnaire you will be asked to complete for this study, and we would value your opinion.

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DOING THE SECOND FIT KIT

(Please tick your responses)

	Strongly disagree	Disagree	Agree	Strongly agree
Doing the FIT for the second time was easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing the FIT made me feel anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thought of an abnormal result from this FIT scared me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any further comments about completing the FIT? (Please write below)

RECEIVING THE FIT RESULT

	Not worried	A bit worried	Quite worried	Very worried
How did you feel... ...when waiting for your second FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when you received your second FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
How satisfied were you with the way the result of the FIT was explained to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you have any questions about the FIT result? (Please write below)

COLONOSCOPY

	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
How did you feel about being invited to have a colonoscopy earlier than you had expected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all	A little bit	Quite a bit	A great deal
Did your last colonoscopy... ...reassure you that you did not have bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel more hopeful about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel less anxious about bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you could choose, what would you prefer (please select ONE of the four following options)?

Routine colonoscopy every three years and no FIT	<input type="checkbox"/>
Routine colonoscopy every three years plus a FIT every year	<input type="checkbox"/>
FIT every year with colonoscopy only for a positive result	<input type="checkbox"/>
No further colonoscopies or FIT tests	<input type="checkbox"/>

Please turn to the next page...

Compared with other people of your sex and age, how would you rate your chances of getting bowel cancer?	Much below average	Below average	Average	Above average	Much above average
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last 2 weeks, how often have you...	Not at all	Less than once a week	More than once a week	Every day
...worried about having bowel polyps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...thought about your own chance of developing bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW ARE YOU FEELING RIGHT NOW?

An important aim of this study is to monitor how people feel. Please read each statement below and tick the box that best indicates the way you feel right now.

	Not at all	Somewhat	Moderately	Very much so
I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are planning to invite a small number of people to tell us more about their experience in a brief telephone interview. Would you be prepared to be contacted again?

Yes No

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DOING THE FINAL FIT KIT

(Please tick your responses)

	Strongly disagree	Disagree	Agree	Strongly agree
Doing another FIT made me feel anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The thought of an abnormal result from this FIT scared me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would use the FIT again, if it was offered to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any further comments about completing the FIT? (Please write below)

RECEIVING THE FIT RESULT

How did you feel...	Not worried	A bit worried	Quite worried	Very worried
...when waiting for your final FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...when you received your final FIT result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with the way the result of the FIT was explained to you?	Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you have any questions about the FIT result? (Please write below)

COLONOSCOPY

Did your last colonoscopy ...	Not at all	A little bit	Quite a bit	A great deal
...reassure you that you did not have bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel more hopeful about the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...make you feel less anxious about bowel cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you could choose, what would you prefer (please select ONE of the four following options)?

Routine colonoscopy every three years and no FIT

Routine colonoscopy every three years plus a FIT every year

FIT every year with colonoscopy only for a positive result

No further colonoscopies or FIT tests

Please turn to the next page...

Compared with other people of your sex and age, how would you rate your chances of getting bowel cancer?

Much below average

Below average

Average

Above average

Much above average

Over the last 2 weeks, how often have you...

...worried about having bowel polyps?

...thought about your own chance of developing bowel cancer?

Not at all

Less than once a week

More than once a week

Every day

HOW ARE YOU FEELING RIGHT NOW?

An important aim of this study is to monitor how people feel. Please read each statement below and tick the box that best indicates the way you feel right now.

I feel calm

I am tense

I feel upset

I am relaxed

I feel content

I am worried

Not at all

Somewhat

Moderately

Very much so

We are planning to invite a small number of people to tell us more about their experience in a brief telephone interview. Would you be prepared to be contacted again?

Today's Date

Yes

No

Thank you for taking the time to complete this questionnaire