



NUTRICO - Nutrition Related Life of Irish Cancer Survivors

The aim of this study is to evaluate the current dietary intake, food choices and satisfaction with food related life in Irish cancer survivors. This is phase one of an Irish Research Council funded masters research project.

* Required

Section 1 - Participant Information Leaflet & Consent Form

There is a growing number of cancer survivors in Ireland (200,000 in 2020) and the demand to recognise the individual and distinct needs of cancer survivors has been highlighted by both the National Registry through recent scoping work and the government through the development of a National Cancer Strategy 2017-2026. It has been recognized that not enough attention has been given to the long-term consequences of a cancer diagnosis or as to how to enable individuals to return to active lives following the completion of initial cancer treatment.

There are no data available on the dietary intake, supplement use or residual nutrition impact symptoms in Irish cancer survivors. In this online study, we would like to gather information on the nutritional status of cancer survivors, so we can better determine and inform the need for nutrition support in this area.

Who is organizing and funding this study?

This study is part of a master's research project being undertaken by Miss Niamh O'Callaghan under the supervision of Ms. Laura Keaver of the Department of Health and Nutritional Science at Institute of Technology Sligo and Ms. Pauline Douglas of the Nutrition Innovation Centre for Food and Health (NICHE) at Ulster University. This research study is being funded by the Irish

Research Council.

Why am I being asked to take part?

You are eligible to participate in the study if you have completed active cancer treatment at least six months ago.

Is the study confidential?

All information you provide will be treated with strict privacy and confidentiality at all time and will not be identified in the published findings. Although there is no direct benefit from participating in this research, findings which emerge from this study may potentially enhance nutrition and dietetic support in the oncology setting.

You don't have to take part in this study, your participation is voluntary, you can change your mind about taking part in the study and leave by exiting the browser. None of your data will be stored or used. Once you click submit you will be unable to withdraw as your information will not be identifiable.

1. Please tick below, if you consent to participate in this study.
If you would not like to participate, please exit the browser. *

I consent to participate in this study.

Section 2 - Demographic

2. To which gender do you most identify? *

- Male
- Female
- Prefer not to say

3. What age are you? *

4. What height are you? *

5. What is your current weight? Please state if you use kg or stone/pounds. *

6. Where is your home located? *

- Republic of Ireland
- Northern Ireland
- Other

7. What is your current living situation? *

- I live alone
- I live with my partner/family/relatives
- Other

8. What is the highest level of school you have completed, or the highest degree received? *

- Less than secondary school
- Completed Secondary School
- Apprenticeship
- PLC, Diploma or cert
- Bachelor's degree
- Graduate school degree (Master's or PhD)

9. What is your current employment status? *

- Full-time employment
- Full-time employment (sick leave)
- Part-time employment
- Part-time employment (sick leave)
- Self-employment
- Self-employment (sick leave)
- Unemployed
- Home-maker
- Student
- Retired

10. Have you previously received any of the following (Tick all that apply) *

- Chemotherapy
- Chemotherapy and radiotherapy
- Radiotherapy
- Hormonal Therapy
- Surgery

Other

11. What cancer(s) type were you diagnosed with? *

12. What year were you diagnosed with cancer(s)? *

13. When did you finish cancer treatment? Please state the year. *

14. Have you been prescribed any medication since finishing your cancer treatment?



15. Since completion of cancer treatment, have you experienced any of the following?

- Fatigue
 - No appetite
 - Nausea
 - Vomiting
 - Dry mouth
 - Food/drinks taste funny or have no/little taste
 - Problems swallowing
 - Mouth sores
 - Smells bother you
 - Pain
 - Constipation
 - Diarrhoea
 -
- Other

16. If you ticked yes to experiencing any of the above, please tick which of these you have experienced in the last 6 months?

- Fatigue
 - No appetite
 - Nausea
 - Vomiting
 - Dry mouth
 - Food/drinks taste funny or have no/little taste
 - Problems swallowing
 - Mouth sores
 - Smells bother you
 - Pain
 - Constipation
 - Diarrhoea
 -
- Other

17. Have you experienced weight changes in the last 6 months? *

- I have experienced weight loss
- I have experienced weight gain
- I have experienced weight fluctuations (both weight loss and weight gain)
- I have remained the same weight

18. During your cancer treatment, did you see a registered dietitian to receive nutritional advice? *

- Yes
- No

19. Since completing treatment, have you seen a registered dietitian to receive nutritional advice? *

- Yes
- No

20. Since completion of your cancer treatment, have you received any nutritional advice from any source other than a dietitian? *

- Yes
- No

21. If you answer yes to the previous question, can you elaborate on where you received the nutritional advice from?
(i.e. from a doctor, nurse, online, books, information booklet, social media, friend, family member)

22. Since completion of your cancer treatment, has your appetite *

- Increased
- Remained the same
- Decreased

23. Since completion of your cancer treatment, has your thirst *

- Increased
- Remained the same
- Decreased

24. Since completion of your cancer treatment, have your energy levels *

- Increased
- Remained the same
- Decreased

Section 3 - Food Frequency Questionnaire

25. The following questions ask about some foods & drinks you might have during a 'typical' week, over the past month or so. Do not be concerned if some things you eat or drink are not mentioned.

Please tick how often you eat at least ONE portion of the following foods & drinks: (a portion includes: a handful of grapes, an orange, a serving of carrots, a side salad, a slice of bread, a glass of pop).

Please only put one tick, but answer EVERY line *

	Rarely of Never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day
Fruit (tinned / fresh)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruit juice (not cordial or squash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Salad (not garnish added to sandwiches)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vegetables (tinned / frozen / fresh but not potatoes)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chips / fried potatoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beans or pulses like baked beans, chickpeas, dahl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fibre-rich breakfast cereal, like Weetabix, Fruit 'n Fibre, Porridge, Muesli	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Wholemeal bread or chapattis	<input type="radio"/>						
Cheese / yoghurt	<input type="radio"/>						
Crisps / savoury snacks	<input type="radio"/>						
Sweet biscuits, cakes, chocolate, sweets	<input type="radio"/>						
Ice cream / cream	<input type="radio"/>						
Non-alcoholic fizzy drinks or sugar sweetened beverage (not sugar free or diet)	<input type="radio"/>						

26. The following questions ask about some meats/fish you might have during a 'typical' week. Do not be concerned if some things you eat or drink are not mentioned.

Please tick how often you eat at least ONE portion of the following foods (a portion includes: 50-75 grams of cooked beef, lamb or chicken (half the size of the palm of your hand), 100 grams of fish.

If you do not eat meat or fish, please tick rarely/never.

- please only put one tick, but answer EVERY line *

	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	7+ times a week
Beef, Lamb, Pork, Ham - steaks, roasts, joints, mince or chops	<input type="radio"/>					
Chicken or Turkey – steaks, roasts, joints, mince or portions (not in batter or breadcrumbs)	<input type="radio"/>					

Sausages, bacon, corned beef, meat pies/pasties, burgers	<input type="radio"/>					
Chicken/turkey nuggets/ turkey burgers, chicken pies, or in batter or breadcrumbs	<input type="radio"/>					
White fish in batter or breadcrumbs – like 'fish 'n chips'	<input type="radio"/>					
White fish not in batter or breadcrumbs	<input type="radio"/>					
Oily fish – like herrings, sardines, salmon, trout, mackerel, fresh tuna (not tinned tuna)	<input type="radio"/>					

27. Have you introduced any new foods to your diet since completing your cancer treatment? *

- Yes
- No

28. If yes, can you elaborate:

29. Have you removed any food from your diet since completing your cancer treatment? *

Yes

No

30. If yes, can you elaborate:

31. Do you take any vitamins, minerals or any other food supplements? *

Yes

No

32. If yes, can you elaborate:

Section 4 - Factors that influence your choice of food

Several different factors influence our choice of food. For every person, there will be a different set of factors that is important. In the next set of questions, we are interested in finding out what factors influence your choice of food.

Listed below are a series of factors that may be relevant to your choice of foods. Read each item carefully and decide how important the item is to you. Put a tick in the box that best reflects your feelings. Remember, there are no right or wrong answers - we are interested in what is important to you.

33. It is important to me that the food I eat on a typical day:

	Not important at all	A little important	Moderately important	Very important
is easy to prepare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
contains no additives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is low in calories	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
tastes good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
contains natural ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is not expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is low in fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is familiar to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is high in fibre and roughage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is nutritious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is easily available in shops	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is good value for money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

cheers me up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
smells nice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
can be cooked very simply	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helps me cope with stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helps me control my weight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has a pleasant texture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is packaged in an environmentally friendly way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
comes from countries I approve of politically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. It is important to me that the food I eat on a typical day:

	Not important at all	A little important	Moderately important	Vert important
is like the food I ate when I was a child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
contains lots of vitamins and minerals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
contains no artificial ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
keeps me awake and alert	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
looks nice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helps me relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

is high in protein	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
takes no times to prepare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
keeps me healthy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is good for my teeth/skin/hair/ nails etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
makes me feel good	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
has the country of origin clearly marked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is what I usually eat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
helps me to cope with life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
can be bought in shops close to where I live or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
is cheap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 5 - Satisfaction with Food-related Life

35. Listed below are factors contributing to satisfaction with food-related life. Read each statement carefully and decide how important the item is to you. Put a tick in the box that best reflects your feelings. Remember, there are no right or wrong answers - we are interested in what is important to you. *

	Strongly Disagree	Disagree	Neutral	Agree	Strongly agree
Food and meals are positive elements.	<input type="radio"/>				
I am generally pleased with my food.	<input type="radio"/>				
My life in relation to food and meals is close to ideal.	<input type="radio"/>				
With regard to food, the conditions of my life are excellent	<input type="radio"/>				
Food and meals give me satisfaction in daily life.	<input type="radio"/>				

36. Would you be interested in discussing this topic further and would you be happy for us to contact you to take part in focus groups around this topic? *

Yes

No

37. Please leave your contact details below, this information will not be used for any other purpose and will be deleted once used. *

38. Is there anything else you would like to say about this topic?

39. Before you submit your response, has COVID-19 or the current restrictions impacted you in the areas of food or nutrition? *

Yes

No

40. Can you please elaborate? *

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