



Healthy Eating and Active Lifestyle After Bowel
Cancer

We would now like you to complete these questions that tell us about your background.

These details will be kept confidential. If you do not wish to answer some of these questions you do not have to.

Background Information

Please answer each question or tick the relevant box.

1. **What is your age?** *(Please add your age in years)*

 Years

2. **What is your gender?** *(Please tick one of the boxes)*

Female ☐ Male ☐ Transgender ☐ Prefer not to say ☐

3. **What is your marital status?** *(Please tick one of the boxes)*

Single ☐ Living with partner ☐ Married ☐
Separated/divorced ☐ Widowed ☐

4. **What is your occupation (previous occupation if retired)?**
(Please write on the line)

5. **What is the highest level of education you achieved?**

(Please tick one of the boxes)

- | | |
|----------------------------|--------------------------|
| No formal qualifications | <input type="checkbox"/> |
| Trade qualification or NVQ | <input type="checkbox"/> |
| GCSE level/or equivalent | <input type="checkbox"/> |
| A Level/or equivalent | <input type="checkbox"/> |
| Higher Education Diploma | <input type="checkbox"/> |
| Degree/or equivalent | <input type="checkbox"/> |
| Higher degree (MSc/PhD) | <input type="checkbox"/> |

6. **What is your ethnic origin?** (Please tick one of the boxes)

- | | | | |
|-------------------------|--------------------------|-------------------------------|--------------------------|
| British | <input type="checkbox"/> | <u>Black or black British</u> | |
| Irish | <input type="checkbox"/> | Caribbean | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | African | <input type="checkbox"/> |
| <u>Mixed</u> | | Other | <input type="checkbox"/> |
| White & Black Caribbean | <input type="checkbox"/> | <u>Asian or Asian British</u> | |
| White & Black African | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| White & Asian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Other | | Bangladeshi | <input type="checkbox"/> |
| <u>Chinese</u> | | Other | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | <u>Other Ethnic Group</u> | |
| | | Other | <input type="checkbox"/> |

7. **What is the total income coming into your household each month?**

(Please tick one of the boxes)

- Under £250 ☐ £251 to 500 ☐ £501 to 1000 ☐
- £1001 to 2000 ☐ over £2000 ☐ Do not want to answer this question ☐

8. **What are the first 3 digits of your post code?**

(Please write in the boxes)

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9. **When did you have your colorectal surgery?**

(Please write in the boxes)

Month	<input style="width: 120px; height: 25px;" type="text"/>	Year	<input style="width: 100px; height: 25px;" type="text"/>
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10. **Where about in your gut was your surgery?**

(Please write in the boxes)

Bowel	<input type="checkbox"/>
Rectum	<input type="checkbox"/>
Bowel and rectum	<input type="checkbox"/>
Other	<input type="checkbox"/>

11. **Please list all other medical problem you have where you are under a Hospital doctor.** *(Please write on the lines)*

12. **Do you have a stoma?** *(Please tick one of the boxes)*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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13. **How many of these recommendations do you meet?** *(Please tick all the boxes that you would say yes to)*

Would you consider you are a healthy weight for your height?	<input type="checkbox"/>
Are you moderately active for at least 30 minutes a day?	<input type="checkbox"/>
Do you eat 5 portions of fruit or vegetables a day?	<input type="checkbox"/>
Do you have a lot of sweet foods (cakes, biscuits, sugar, sweets) in your diet?	<input type="checkbox"/>
Do you have a lot of foods high in fat in your diet (chips, pies, cakes, cream)?	<input type="checkbox"/>
Do you have red meat more than three times a week?	<input type="checkbox"/>
Do you drink alcohol?	<input type="checkbox"/>
When you drink alcohol, do you drink more than once a week?	<input type="checkbox"/>
When you drink alcohol do you have more than 2 alcoholic drinks?	<input type="checkbox"/>

14. What is your smoking status? *(Please tick one of the boxes)*

Current smoker	<input type="checkbox"/>
Ex-smoker	<input type="checkbox"/>
Never smoked	<input type="checkbox"/>

Thank you very much for completion of this questionnaire.