

SA: Vignette Questionnaire

Vignette

Please read the following scenario and imagine you were in that situation.

Scenario

You notice you have [symptom].

What do you think the cause of [symptom] could be? Please write in the box below as many things as come to your mind. If you cannot think of any please write 'don't know' in the box.

What actions would you take if you were to notice [symptom] as described in the scenario above? Next to each option, please tick the box that best reflects how likely you are to take each action.

	Definitely would	Probably would	Probably wouldn't	Definitely wouldn't	Not applicable
Talk to members of your family about the symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to the pharmacy (chemist) for advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact the GP about the change in [symptom]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mention the symptoms if you saw the GP for another reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Go to A&E	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Look up information about the symptoms online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait and see what happens (e.g., if the symptoms get worse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismiss the symptoms as something not to worry about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact a nurse about the symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mention the symptoms if you saw a nurse for another reason	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact a diabetes specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact an endocrinologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If 'other' please specify:					

Scenario b:

Imagine you have decided to see your GP about [symptom], an appointment has been made.

Question only for vignette 3: In which order would you choose to mention these symptoms to the GP?

Order of preference	
	Numbness, tingling and pain in feet
	Rectal Bleeding
	Change in bowel habits

How would you tell the doctor about these symptoms? Please tell us in your own words what you would tell the doctor, expanding to also describe how you might feel about these symptoms.

What would you say:

How would you feel:

Would you mention any underlying health conditions you may have?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	If the GP asked <input type="checkbox"/>
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Scenario c

Still imagine that you have been experiencing [symptom of bowel changes] you have now spoken to a GP. They have suggested you perform a stool test. (A stool sample involves collecting a small amount of faeces in a container at home and returning it to your GP/hospital).

Would you be willing to partake in this?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please give a reason:	

Do you think your actions would have been different pre-Coronavirus?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give a reason:	

Scenario d:

Still imagining that you have been experiencing [symptom of rectal bleeding], you have now spoken to a GP and they have suggested to refer you for a colonoscopy/sigmoidoscopy. (A colonoscopy/sigmoidoscopy use a thin flexible tube with a camera on the end to look at the colon).

Would you be willing to partake in this?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If no, please give a reason:	

Do you think your actions would have been different pre-Coronavirus?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give a reason:	

How comfortable would you be in attending the hospital, please write down any feeling or concern you may have about attending?

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Do you think your level of comfort in visiting a hospital has changed due to COVID-19?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
Please expand:	

SB : Symptom attribution table

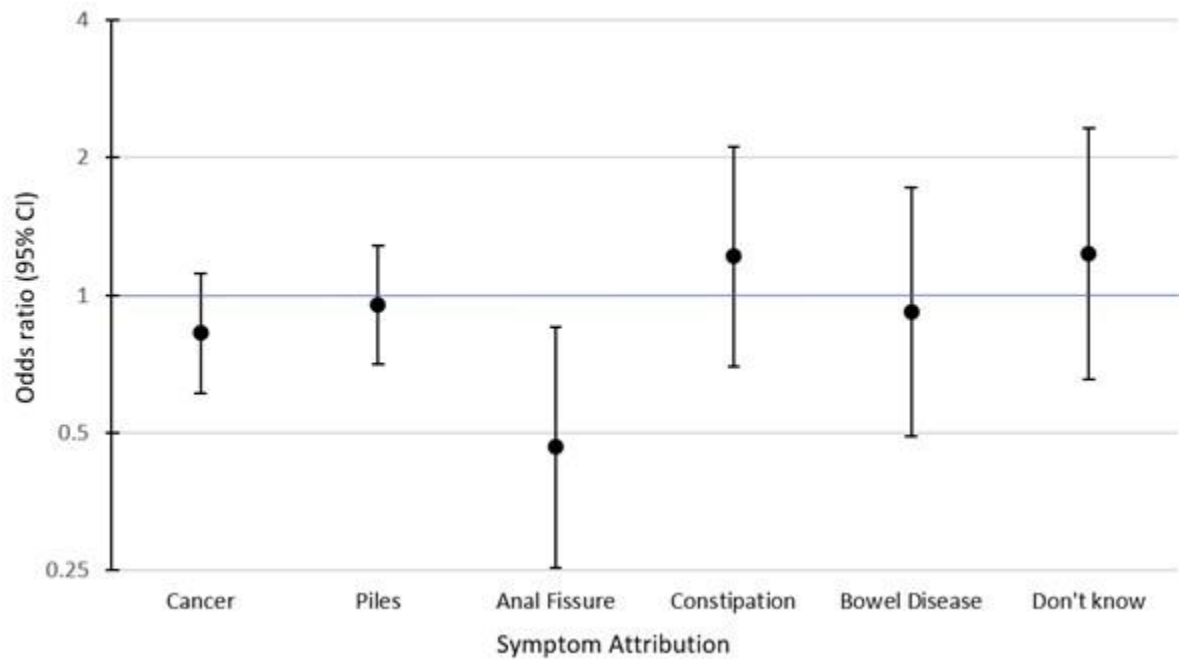
Symptom attribution by type 2 diabetes based on answers to the three vignettes

	Total %	With diabetes	Without diabetes	P value (χ^2 test)
Rectal Bleeding				
Cancer	377 (29.3%)	86 (22.8%)	291 (30.1%)	.268
Haemorrhoids/Piles	382 (29.7%)	95 (29.7%)	287 (29.7%)	.998
Damage to anus inc. Anal tear/fissure	102 (7.9%)	14 (4.4%)	88 (9.1%)	.007
Constipation/straining	87 (6.8%)	20 (6.3%)	67 (6.9%)	.675
Bowel disease inc. IBS	60(4.7%)	16 (5.0%)	44(4.6%)	.741
Don't know	55 (4.3%)	16 (5.0%)	39(4.0%)	.461
Changes in Bowel Habit				
Cancer	185 (14.4%)	31 (9.7%)	154 (15.9%)	.006
Dietary Changes	430 (33.4%)	99 (30.9%)	331 (34.2%)	.274
Bowel disease inc. IBS	147 (11.4%)	26 (8.1%)	121 (12.5%)	.032
Stomach Infection/food poisoning	128 (9.9%)	31 (9.7%)	97 (10.0%)	.859
Don't know	57 (4.4%)	19 (33.3%)	38(3.9%)	0.130
Caused by (change in) medication	47 (3.7%)	23 (7.2%)	24 (2.5%)	<0.001
Rectal Bleeding, Changes in Bowel Habit and Numbness and Pain in the Feet				
Cancer	471 (36.6%)	110 (34.4%)	361 (37.3%)	.341
Haemorrhoids/ Piles	179 (13.9%)	46 (14.4%)	133 (13.8%)	.781
Bowel disease inc. IBS	148 (11.5%)	41 (12.8%)	107 (11.1%)	.396
Dietary Changes	86 (6.7%)	20 (56.3%)	67 (6.9%)	.675
Don't know	51 (4.0%)	14 (4.4%)	37 (3.8%)	.663
Diabetes	46 (3.6%)	11 (3.4%)	35 (3.6%)	.879

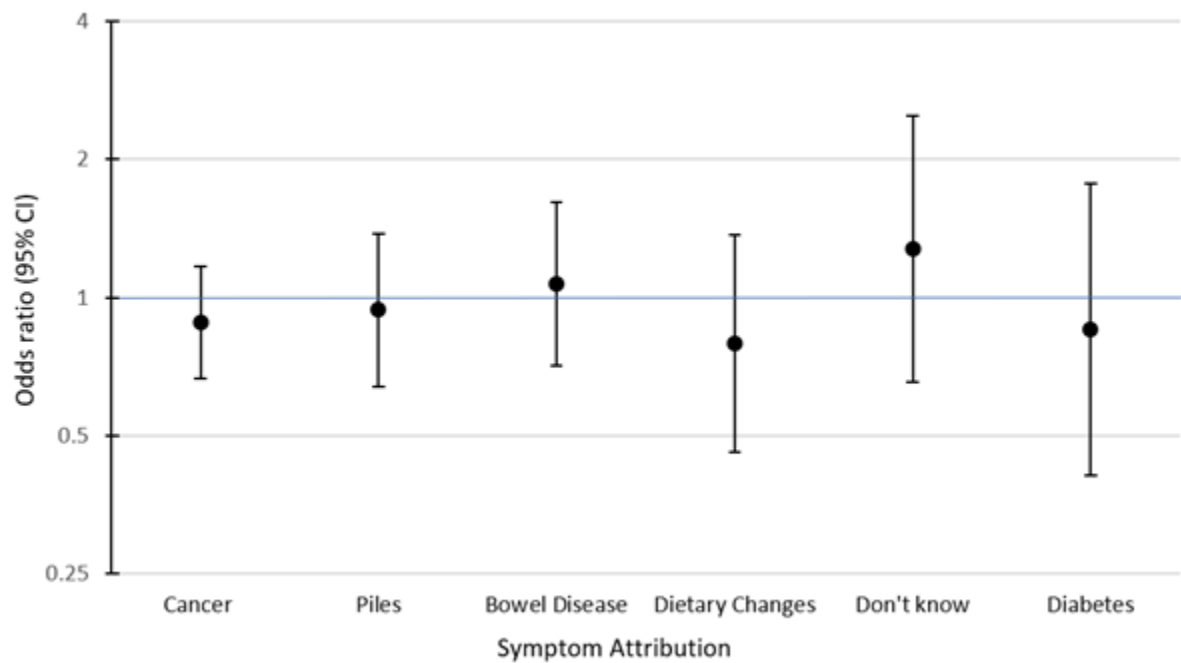
(Columns may equal >100% due to multiple answers per participant being given)

SC : Symptom attribution Logistic regression figures for vignette 1 and 3.

Logistic regression odds ratios and 95% confidence intervals for symptom attributions when experiencing rectal bleeding (vignette 1) reported by participants with diabetes compared to those without (adjusted for other comorbidities, age, sex, and ethnicity). Each symptoms attribution was included as the outcome (binary yes/no outcome) in a separate multivariable model.



Logistic regression odds ratios and 95% confidence intervals for symptom attributions when experiencing rectal bleeding, change in bowel habits and numbness. tingling in feet (vignette 3) reported by participants with diabetes compared to those without (adjusted for other comorbidities, age, sex, and ethnicity). Each symptoms attribution was included as the outcome (binary yes/no outcome) in a separate multivariable model.



SD: Willingness to undergo diagnostic testing for new symptoms (rectal bleeding or change in bowel habit) by diabetes status, by previous testing history, age, sex, ethnic group, and comorbidities. (N = 1282)

	Stool sample	Colonoscopy/Sigmoidoscopy
<i>Unadjusted models</i>	OR (95% CI)	OR (95% CI)
Diabetes		
Yes	1.21 (0.47-3.15)	1.01(0.54-1.87)
No	1.0	1.0
<i>Adjusted models</i>		
Diabetes		
Yes	0.94(0.33-2.67)	0.99(0.51-1.92)
No	1.0	1.0
Previous colonoscopy/sigmoidoscopy	N/A	
Yes (for screening or symptoms)		0.28(0.12-0.63)**
No		1.0
Previous Stool test		
Yes (for screening or symptoms)	0.16 (0.04-0.35)***	N/A
No	1.0	
Sex		
Male	1.39 (0.56-3.47)	0.37(0.19-0.73)**
Female	1.0	1.0

*=<0.05 **<=0.01 ***<=0.001

SE : Main themes of participants who responded no to partaking in diagnostic testing table

Main themes of participants who responded no to partaking in diagnostic testing.

<i>Stool sample</i>			
	Total participants N=21	With diabetes N = 6	Without diabetes N = 15
Embarrassing/Scared	4	1	3
Unnecessary	4	1	3
Physically difficult	3	0	3
Unconcerned that there is an issue	1	0	1
Unpleasant	4	2	2
 <i>Colonoscopy</i>			
	Total participants N=56	With diabetes N = 14	Without diabetes N = 42
Embarrassing/Anxiety/Nervous	15	2	13
Too extreme/ invasive	8	1	7
Uncomfortable/painful	12	3	9
COVID/Hospital concerns	6	1	5
Would try alternatives first	4	0	4
Would insist on being sedated/ under GA	4	0	4
Negative previous hospital/procedure experience	4	2	2

SF: Symptoms mentioned by participants as the first priority to talk to the GP about by diabetes status. (N = 623)

	Total participants mentioning symptom as 1 st priority N = 623	With diabetes N = 157	Without diabetes N = 467	P value (χ^2 test)
Rectal Bleeding	461 (74.2%)	103 (65.6%)	359 (77.0%)	0.004
Change in bowel habits	62 (10.0%)	16 (10.3%)	46 (9.9%)	0.871
Numbness/pain in feet	100 (16.1%)	38 (24.2%)	62 (13.3%)	0.001