

Supplementary materials

Figure S1

Colorectal Cancer Patient Self Completion

This form should be filled out by the patient

Country	Dr	Pt	Card
(1-2)	(3-5)	(6-7)	(8-9)
2 8			16

AGENCY
DOCTOR NO. _____

Date:
Day Month Year

SECTION A: SOME PERSONAL DETAILS

1. What is your age? _____ years
2. What is your gender? Male Female
3. What is your ethnic origin?
 White / Caucasian Afro-Caribbean
 Middle eastern Asian - Indian subcontinent
 Asian - Other Other (please specify) _____
4. What is your current employment status?
 Full time Part time
 Unemployed Retired
 Self employed Homemaker
 Medically disabled / unable to work Other (please specify) _____
5. What is the highest level of education that you have achieved?
 Secondary (Standard grade) Sixth form / College
 University Postgraduate
 Other (please specify) _____

Please turn to page 2...

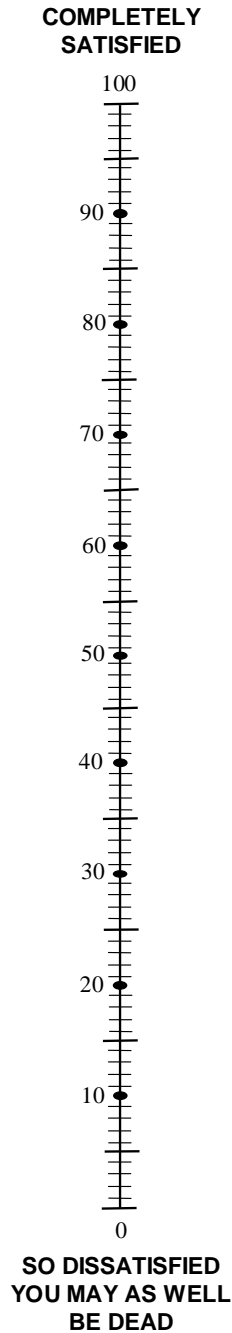
SECTION B: YOUR LIFE SATISFACTION

1. How satisfied are you with your life overall?

To help people say how satisfied or dissatisfied they are, we have drawn a scale (rather like a thermometer) on which “completely satisfied” is marked 100 and “so dissatisfied you may as well be dead” is marked 0

We would like you to indicate on this scale how satisfied or dissatisfied with your life you are. Please do this by drawing a line from the box to whichever point on the scale indicates how satisfied you are overall.

Your level of satisfaction with life



SECTION B: YOUR LIFE SATISFACTION CONTINUED...

2. Overall how did you feel yesterday? *(Please circle the appropriate number on each row)*

	Not at all...						Very much...
...Hopeful	0	1	2	3	4	5	6
...Sad	0	1	2	3	4	5	6
...Fearful	0	1	2	3	4	5	6
...Tired	0	1	2	3	4	5	6
...Happy	0	1	2	3	4	5	6
...Worried	0	1	2	3	4	5	6
...Satisfied	0	1	2	3	4	5	6

Did you think about your family or health at all yesterday?

- 3a. I thought about my family:** Not at all > *If not at all then please go to question 4a*
(Please ✓ one) A few times
 Many times
 Continually

3b. When I thought about my family it generally made me feel:

(Please circle the appropriate number on each row)

	Not at all...						Very much...
...Happy	0	1	2	3	4	5	6
...Worried	0	1	2	3	4	5	6

SECTION C: LIFE QUALITY CHOICE

Imagine that you will live for another 10 years with your current health problems, after which you will die.

Imagine instead that your health problems could be removed but that you would live for fewer years. **For each row in the table that follows**, please indicate whether you would choose 10 years with your current health problems or fewer years without any health problems.

Life A	Circle A or B		Life B
10 years with your current health problems	A	B	10 years without any health problems
10 years with your current health problems	A	B	9.5 years without any health problems
10 years with your current health problems	A	B	9 years without any health problems
10 years with your current health problems	A	B	8.5 years without any health problems
10 years with your current health problems	A	B	8 years without any health problems
10 years with your current health problems	A	B	7.5 years without any health problems
10 years with your current health problems	A	B	7 years without any health problems
10 years with your current health problems	A	B	6.5 years without any health problems
10 years with your current health problems	A	B	6 years without any health problems
10 years with your current health problems	A	B	5.5 years without any health problems
10 years with your current health problems	A	B	5 years without any health problems
10 years with your current health problems	A	B	4.5 years without any health problems
10 years with your current health problems	A	B	4 years without any health problems
10 years with your current health problems	A	B	3.5 years without any health problems
10 years with your current health problems	A	B	3 years without any health problems
10 years with your current health problems	A	B	2.5 years without any health problems
10 years with your current health problems	A	B	2 years without any health problems
10 years with your current health problems	A	B	1.5 years without any health problems
10 years with your current health problems	A	B	1 years without any health problems
10 years with your current health problems	A	B	0.5 years without any health problems
10 years with your current health problems	A	B	0 years without any health problems

SECTION D: EQ5D

By placing a ✓ in one box in each group below, please indicate which statements best describe your own health today

1 MOBILITY (✓ 1 statement only)

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

2 SELF-CARE (✓ 1 statement only)

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

3 USUAL ACTIVITIES (✓ 1 statement only)
(e.g. work, study, housework, family or leisure activities)

- I have no problems with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

4 PAIN / DISCOMFORT (✓ 1 statement only)

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

5 ANXIETY / DEPRESSION (✓ 1 statement only)

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Figure S2

Disease Stage	1 if stage IV, 0 otherwise
Remission Status	1 if in remission, 0 otherwise
Performance Status	1 if fully active, 0 otherwise
Date of Diagnosis	1 if 2010, 0 if pre-2010
Age	1 if 60 years old or older, 0 otherwise
Gender	1 if female, 0 if male
Education	1 if completed university or higher, 0 if completed less than a university education
Employment	1 if full-time, part-time or self-employed, 0 if unemployed, N/A otherwise
<u>EQ5D Coding</u>	
MO	1 if mobility is level 2; 0 otherwise
M2	1 if mobility is level 3; 0 otherwise
SC	1 if self-care is level 2; 0 otherwise
S2	1 if self-care is level 3; 0 otherwise
UA	1 if usual activities is level 2; 0 otherwise
U2	1 if usual activities is level 3; 0 otherwise
PD	1 if pain/discomfort is level 2; 0 otherwise
P2	1 if pain/discomfort is level 3; 0 otherwise
AD	1 if anxiety/depression is level 2; 0 otherwise
A2	1 if anxiety/depression is level 3; 0 otherwise
N3	1 if any dimension is level 3; 0 otherwise

Intrusive Thoughts

Thoughts around health/family 0 if frequency is many times and 'happy' rated greater than or equal to 'worried'
1 if frequency is a few times and 'happy' rated greater than or equal to 'worried'
2 if frequency is a few times and 'worried' rated greater than 'happy'
3 if frequency is many times and 'worried' rated greater than 'happy'

Life Satisfaction Scores ranged from 0 (rather be dead) to 100 (completely satisfied)

Day Affect Scores ranged from -6 to 6