

# FR DA.Frankfurt

---

## Familiäres Risiko für Darmkrebs

## Questionnaire 2

(The following is to be completed by the family practice)

<b>Date</b>	
<b>Patient-ID</b>	

Dear participant,

Thank-you very much for taking the time to answer the following questions. The questionnaire will only take about ten minutes to fill in. Please observe the following instructions:

- Please clearly tick the appropriate box. If you make a mistake, cross out the corresponding box and tick the correct one.
- **Please answer every question.** If you are in any doubt, you should tick the box which is most appropriate.
- Your answers will of course be treated in **strict confidence**. Only pseudonymized data will be used in the analysis.

If you have any questions, please do not hesitate to contact us. You will find contact details below. **Thank-you!**

**Questions about bowel cancer screening**

<p><b>1. If I don't undergo bowel cancer screening I will regret it at a later date.</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>2. I will participate in bowel cancer screening by having an occult blood test.</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p><b>3. I will participate in bowel cancer screening by having a colonoscopy.</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

**Questions about feelings and emotions**

<p><b>4. Over the last two weeks, how often have you been bothered by any of the following problems?</b></p> <p><i>Please tick the appropriate answer with „✓“.</i></p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Over the last two weeks</th> <th style="text-align: center; border-bottom: 1px solid black;">Not at all</th> <th style="text-align: center; border-bottom: 1px solid black;">Several days</th> <th style="text-align: center; border-bottom: 1px solid black;">More than half the days</th> <th style="text-align: center; border-bottom: 1px solid black;">Nearly every day</th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;">1. Feeling nervous, anxious or on edge</td> <td style="text-align: center; border-bottom: 1px solid black;">0</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> </tr> <tr> <td style="border-bottom: 1px solid black;">2. Not being able to stop or control worrying</td> <td style="text-align: center; border-bottom: 1px solid black;">0</td> <td style="text-align: center; border-bottom: 1px solid black;">1</td> <td style="text-align: center; border-bottom: 1px solid black;">2</td> <td style="text-align: center; border-bottom: 1px solid black;">3</td> </tr> </tbody> </table>	Over the last two weeks	Not at all	Several days	More than half the days	Nearly every day	1. Feeling nervous, anxious or on edge	0	1	2	3	2. Not being able to stop or control worrying	0	1	2	3
Over the last two weeks	Not at all	Several days	More than half the days	Nearly every day											
1. Feeling nervous, anxious or on edge	0	1	2	3											
2. Not being able to stop or control worrying	0	1	2	3											

**5. Over the last two weeks, how often have you been bothered by any of the following problems?**

Please tick the appropriate answer with „✓“.

Over the last two weeks	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

Please read every statement carefully and tick the box which most accurately reflects **your attitude**.

**6. I regard participation in bowel cancer screening examinations as:**

reassuring

1    2    3    4

alarming

important

1    2    3    4

unimportant

a good thing

1    2    3    4

a bad thing

an advantage

1    2    3    4

a disadvantage

**Questions about consultations on the familial risk of bowel cancer**

In order to answer the questions correctly, please give only one answer. If you are uncertain, please tick the box representing the answer that is most probably correct.

**7. The occult blood test is used in screening for which disease (e.g. hemoccult test)?**

- irritable bowel syndrome
- inflammatory bowel disease
- bowel cancer
- hemorrhoids

**8. What could explain why the result of an occult blood test is false positive?**

**When on the day before the test...**

- ...the test person ate raw meat
- ...the test person ate fish
- ...the test person drank alcohol
- ...the test person smoked cigarettes

Imagine 1000 people aged 50 years whose occult blood test result turned out to be positive.

**9. How many of the thousand people would you expect to actually have bowel cancer?**

- 1000 persons
- 980 persons
- 700 persons
- 400 persons
- 100 persons
- 10 persons

**Please answer the following question according to your gender. Women only the left question and men only the right question.**

Question for women

**10a How many women aged 50 years with familial risk will develop bowel cancer within the next 10 years.**

- 5 in 1.000 women
- 12 in 1.000 women
- 30 in 1.000 women
- 63 in 1.000 women
- 122 in 1.000 women

Question for men

**10b How many men aged 50 years with familial risk will develop bowel cancer within the next 10 years.**

- 8 in 1.000 men
- 12 in 1.000 men
- 20 in 1.000 men
- 63 in 1.000 men
- 122 in 1.000 men

Bowel cancer screening by means of the occult blood test reduces the risk of dying of bowel cancer.

Assuming 1000 people annually undergo bowel cancer screening.

**11. How many fewer people will die of bowel cancer?**

- 2-3 persons
- 8-10 persons
- 50-100 persons
- 200-400 persons
- 800-990 persons

An occult blood test or a colonoscopy can be carried out in order to screen for bowel cancer. It is important that studies are undertaken to ascertain the risks and benefits of such medical procedures.

**12. Do you think such studies exist for people without positive family history of bowel cancer?**

Colonoscopy  Yes  No

Occult blood test  Yes  No

**13. Do you think such studies exist for people with positive family history of bowel cancer?**

Colonoscopy  Yes  No

Occult blood test  Yes  No

Imagine 1000 people aged 50 years whose occult blood test result turned out to be negative.

**14. In your opinion, how many of the thousand people do not have bowel cancer?**

- 1000 persons
- 999 persons
- 990 persons
- 850 persons
- 400 persons
- 100 persons
- 10 persons

A colonoscopy can have severe side effects.

**15. Which of the following side effects can occur as the result of a colonoscopy?**

**There are several correct answers to this question. Please tick all the correct answers.**

- fecal incontinence
- internal bleeding
- bowel obstruction
- bowel rupture
- death

**Questions about your reasons for undergoing or not undergoing bowel cancer screening**

**16. What are the arguments in favor of undertaking bowel cancer screening in your case?**

*(Please tick every correct answer, regardless of how many there are)*

- to know for certain whether I have bowel cancer or not
- the possibility to detect bowel cancer at an early stage
- to watch over my health
- the fear of having bowel cancer
- as a result of complaints
- because the risk of my dying of bowel cancer will be reduced
- other reasons

**17. What are the arguments against undertaking bowel cancer screening in your case?**

*( Please tick every correct answer, regardless of how many there are)*

- no complaints
- I am afraid bowel cancer may be detected
- I don't want to know whether I have bowel cancer
- I have no time for it
- I have more serious and important health problems
- I am afraid of the risks of the screening examination
- other reasons

**18. Did you answer this questionnaire with the help of the information leaflet on the familial risk of developing bowel cancer that your family doctor gave you during your consultation?**

- Yes
- No

## Thank-you for your participation

Sources:

- Questions 6-15:: Mit freundlicher Genehmigung von Anke Steckelberg, MIN Fakultät, Universität Hamburg
- Question 4: GAD-2: Kroenke K, Spitzer RL, Williams JBW. The PHQ-9. Validity of a brief depression severity measure. J Gen Intern Med 2001; 16: 606–613
- Question 5: PHQ-9: Kroenke K, Spitzer RL, Williams JBW, Monahan PO, Löwe B. Anxiety disorders in primary care: prevalence, impairment, comorbidity, and detection. Ann Intern Med 2007; 146: 317-325