

Serial Number: _____

Questionnaire Survey

Study: A Survey of the Behaviour and Barriers to Colorectal Cancer Screening in Non-Colorectal Cancer Survivors

Dear Patient, thank you for taking time to answer this survey. We are now conducting a survey on the attitudes and barriers to colorectal cancer screening among cancer survivors in our hospital. It will only take 15 minutes to answer the questions. The information you provide will be kept anonymous and your privacy is ensured. Participation in this study is entirely voluntary. Information collected will only be used for research purposes and personal information will not be released. We sincerely hope that you can participate in this survey. Thank you.

Please tick the appropriate answers.

Section 1: Demographics

1) Are you Male or Female?

- Male
- Female

2) What is your Age Group?

- 50-59 years old
- 60-69 years old
- 70-75 years old

3) What is your Race?

- Chinese
- Malay
- Indian
- Others

4) Which of the following best describes your highest Education Level?

- Primary School & below
- Secondary School
- Diploma
- Degree
- Post graduate
- Others: _____

5) What is your Marital Status?

- Single

- Married
- Widowed/Divorced

6) What is your Current Working Status?

- Full-time/Part-time
- Homemaker
- Unemployed/Retired

7) Which of the following best describes your monthly household income (SGD)?

- < \$5000
- \$5000- \$10 000
- \$10 000 and above

Section 2: Cancer History (Q1 & 2 to be filled up by interviewer)

1) What Cancer did you previously have?

2) At what age were you diagnosed with cancer?

- Below 30 years old
- 30-40 years old
- 41-50 years old
- 51-60 years old
- 61-70 years old

3) Is there a history of colorectal cancer in the family?

- Yes
- No

If yes, how are you related to him/her?

- 1st degree relative (including parents, siblings, children)
- Other relative (please specify _____)

Were any of them under 50 years of age during the time of diagnosis?

- Yes
- No
- Don't know

Section 3: Perceived Health Status and Risk

1) Do you have any long-term medical illness like diabetes, high blood pressure, high cholesterol or heart disease?

- Yes
- No

If Yes, what are they? _____

2) Are you a smoker?

- Current smoker
- Never Smoker
- Ex-smoker

3) What do you perceive your current health status to be?

- Very Good
- Good
- Fair
- Poor

4) On a scale of 1- 10 (1= not at all likely, 10= extremely likely), What do you think is your risk of developing colorectal cancer?

Not at all likely

Extremely likely

1 2 3 4 5 6 7 8 9 10

Section 4: Knowledge of Colorectal Cancer

1) Which of the following are **symptoms** of colon cancer?

Please state Yes or No to the following options.

Any correct answer given below will be awarded 1 score. Maximum score of 4
Low score = 0, Middle = 1-2, High = 3-4

- | | Yes | No |
|--------------------------------|--------------------------|--------------------------|
| (i) Passing blood from anus | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Fever | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Weight Loss | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Change in bowel habits | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) Persistent burping | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Abdominal Pain/Discomfort | <input type="checkbox"/> | <input type="checkbox"/> |

2) Which of the following are **screening tests** of colorectal cancer?
Please state Yes or No to the following options

Any correct answer given below will be awarded 1 score. Maximum score of 2
Low score = 0, Middle = 1, High = 2

- | | Yes | No |
|---|--------------------------|--------------------------|
| (i) Stool Test
(This is a test to determine whether you have blood in your stool.
It can be done at home using a kit. You smear a small amount of stool
on cards at home and bring the cards back to the doctor or clinic) | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Blood Test | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) X-Ray of the abdomen | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) Colonoscopy
(This is a test in which a tube is inserted into the colon to look
for signs of cancer or other problems) | <input type="checkbox"/> | <input type="checkbox"/> |

3) Which of the following are **risk factors** for developing colorectal cancer?
Please state Yes or No to the following options.

Any correct answer given below will be awarded 1 score. Maximum score of 4
Low score = 0, Middle = 1-2, High = 3-4

- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) Piles | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Smoking | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) Family history of colon cancer | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) High Blood Pressure | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) Age above 50 years old | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Unhealthy diet with high fat, and low fiber | <input type="checkbox"/> | <input type="checkbox"/> |

Section 5: Perceived Testing Need, Intention to Undergo Screening:

1) Has any doctor ever recommended a colorectal screening test?

- Yes
- No

If Yes, what test was recommended?

- Stool Occult Blood Test
- Scope examination of your colon

A Stool Occult Blood test is a stool test done at home using a set of 3 cards to determine whether your stool contains blood. You smear a sample of your stool on a card and return the cards to be tested.

A Colonoscopy is a test that uses a narrow lighted tube to examine the entire colon. With a colonoscopy, you are given medication to take the day before as bowel preparation and you will be given medicine to sleep during the procedure. A Flexible sigmoidoscopy, on the other hand, is a test that examines only the lower part of the colon. You are awake during the test, and can resume normal activities after the test.

2) Have you ever gone for a colon cancer screening test—such as a Stool Test or a Scope Examination of your colon?

- Yes
- No
- Unsure

If answer is Yes, please proceed to Q2a.

If answer is No, please proceed to Q2b.

2a) What test did you undergo?

- Stool Occult Blood Test
- Colonoscopy/ Flexible Sigmoidoscopy

What was the main reason you had this test?

2b) What was the main reason you did not undergo any colon cancer screening test?

3) Do you think there is a need for you to undergo screening?

- Great Need
- Some Need
- Unsure

- Little Need
- No Need

4) In future, will you undergo a colorectal screening test?

- Definitely Yes
- Yes
- No
- Definitely No

5) Will you have a colorectal screening test if it is free?

- Definitely Yes
- Yes
- No
- Definitely No

Section 6: Barriers and Motivators to Screening:

Do you agree with the following statements?

1) I would go for a colorectal screening test...

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
a) because my doctor had recommended me to do so	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) if I have symptoms like passing blood from the anus, weight loss or change in bowel habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) because I am health conscious and I want a body-check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) because I am at risk of getting another cancer again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) because there is a history of colorectal cancer in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) because the media recommends it on television, newspapers or internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) I would not go for colorectal screening test...

	Strongly Agree	Agree	Unsure	Disagree	Strongly Disagree
a) because my doctor has not advised me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) because I feel healthy and hence there is no need to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) because I am afraid I will be diagnosed with another cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) because the test is too uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) because the test is too expensive, without any subsidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) because I am too busy and there is no time to undergo the test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) because I do not know what exact screening tests are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) because I do not know where the screening tests can be done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>