

Physical activity
Follow-up questionnaire

Print name:

.....

1. **What is your gender?**
(Please select one option only)

☐ Male

☐ Female

2. **What is your date of birth?**
Please state in DD/MM/YYYY eg 17/08/1960

/ /

3. **What is your age?**

If this is your first follow up, you will also be asked these questions at six and 12 months.

4. **Thinking specifically about the location of your cancer, what is the status of your cancer?**

I am undergoing testing for diagnosis/the status of my cancer is not known ☐

My cancer is stable (the cancer is neither decreasing nor increasing) ☐

I am living with advanced or progressive cancer (cancer that is getting worse or cannot be cured) ☐

I am in remission or am cancer-free (cured) ☐

Other (please specify below)

5. **How has your current cancer responded to treatment?**
(Please tick ONE option that is closest to your situation)

Treatment has not yet started ☐

I am currently in treatment ☐

The treatment has been effective and I have no signs or symptoms of cancer ☐

I have finished the course of treatment but my cancer is still present ☐

My cancer is being treated again because it has not responded fully to treatment ☐

I am not in active treatment but I am on 'Watch and Wait' ☐

My cancer has not been/will not be treated at all ☐

Don't know ☐

6. **Please complete the questionnaire on the following page regarding your current physical activity.**

The following questions relate to your physical activity over the **previous week**. Please mark in the appropriate box the number of minutes spent doing a particular activity. Please try and think carefully and be as accurate as possible with your answers and only include activities of either **moderate** or **vigorous** intensity. Examples are given of what should and should not be included.

- ✗ **Light intensity** – Your heart rate and breathing rate are no different from what they are when you are standing, sitting, etc.
- ✓ **Moderate intensity** – Your heart rate and breathing rate are faster than normal. You may also sweat a little. Brisk walking or sweeping and mopping are good examples of how you might feel.
- ✓ **Vigorous intensity** – Your heart rate is much faster and you have to breathe deeper and faster than normal. You will probably sweat. Playing football or squash are good examples of how you might feel.

In the past week how many minutes did you spend each day:

[illegible]

In the past week how many minutes did you spend each day:

[illegible]

YES

NO – I usually do more

Normally, how much more?

Of which activity?

NO – I usually do less

Normally, how much less?

Of which activity?

Additional comments/reasons?

7. Quality of life Health Questionnaire.

Under each of the following headings, please select the option which best describes your health today:

Mobile (please select one option only)

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

Self care (please select one option only)

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

Usual activities – eg work, study, housework, family or leisure activities
(please select one option only)

- 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 ☐

Pain/discomfort (please select one option only)

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

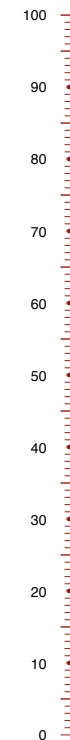
Anxiety/depression (please select one option only)

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

- 8. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.** We would like you to indicate on this scale how good or bad your own health is today, in your own opinion. Please do this by drawing a line below at the point on the scale that indicates how good or bad your health state is.

Your own health state today

Best imaginable health state



Worst imaginable health state

9. Below is a list of statements that other people with your illness have said are important. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

	Not at all	A little bit	Somewhat	Quite a bit	Very much
I feel fatigued	0	1	2	3	4
I feel weak all over	0	1	2	3	4
I feel listless ('washed out')	0	1	2	3	4
I feel tired	0	1	2	3	4
I have trouble starting things because I am tired	0	1	2	3	4
I have trouble finishing things because I am tired	0	1	2	3	4
I have energy	0	1	2	3	4
I am able to do my usual activities	0	1	2	3	4
I need to sleep during the day	0	1	2	3	4
I am too tired to eat	0	1	2	3	4
I need help doing my usual activities	0	1	2	3	4
I am frustrated by being too tired to do the things I want to do	0	1	2	3	4
I have to limit my social activity because I am tired	0	1	2	3	4

10. For each of the following statements, please circle or mark one number per line to indicate how true you think each statement is for you. The questions ask about your opinion. There are no right or wrong answers.

	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough	1	2	3	4
If someone opposes me, I can find the means and ways to get what I want	1	2	3	4
I am certain that I can accomplish my goals	1	2	3	4
I am confident that I could deal efficiently with unexpected events	1	2	3	4
Thanks to my resourcefulness, I can handle unforeseen situations	1	2	3	4
I can solve most problems if I invest the necessary effort	1	2	3	4
I can remain calm when facing difficulties because I can rely on my coping abilities	1	2	3	4
When I am confronted with a problem, I can find several solutions	1	2	3	4
If I am in trouble, I can think of a good solution	1	2	3	4
I can handle whatever comes my way	1	2	3	4

Next I'd like you to think about any sport that you have done in the last 7 days. By sport we mean any competitive or non-competitive sporting activity, including sessions of deliberate exercise such as running or jogging. Think only about those sports or exercises that you did for at least 10 minutes at a time.

11. During the last 7 days, on how many days did you take part in any sport? Please state your answer in days per week in the box below.*

Days per week...

I did no sport ☐

12. How much time did you usually spend doing sport on one of those days?

Please provide the number of hours and minutes in the corresponding box below; if you don't know please tick this box.*

Hours per week...

Minutes per day...

Don't know/Not sure ☐

Thank you for taking the time to complete this form. Please bring it along to your next meeting and hand it to your service lead. You will find their contact details on the separate sheet you were given. We look forward to supporting you to get more active.

What is respondent's unique ID?
[FOR OFFICE USE ONLY]

