

FIT Study Number
(from the invitation):

Your name:

Address:

.....

.....

Postcode:



CONSENT FORM

Faecal Immunochemical Testing for Polyp Follow-Up

Researchers: Professor W Atkin and Professor S Halloran

Please, put your initials in **each** of the boxes below.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. My medical care or legal rights will not be affected.

I confirm that I have read and understood the Participant Information Sheet (version 2.0, dated 28/11/2011) and have had the opportunity to ask questions.

I understand that information held by the NHS, including records maintained by the NHS Information Centre, may be used to contact me or obtain information related to my bowel cancer screening for the duration of the study.

I give permission to responsible individuals from the Research Group or those from regulatory authorities to have access to the relevant information from my records held by these organisations.

I agree to take part in the above study.

I agree to my GP being updated about my participation in this study.

Your name (Please PRINT)

Today's date (dd/mm/yyyy)

Signature

PLEASE, TURN OVER



PARTICIPANT QUESTIONNAIRE

Please answer the following questions to help us monitor your experience throughout the FIT for Follow-Up Study.

(Please tick your responses)

Was your overall experience of your most recent colonoscopy?			
Not at all acceptable	Not very acceptable	Fairly acceptable	Very acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared with other people of your sex and age, how would you rate your chances of getting bowel cancer?				
Much below average	Below average	Average	Above average	Much above average
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last 2 weeks, how often have you worried about having bowel polyps?			
Not at all	Less than once a week	More than once a week	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last 2 weeks, how often have you thought about your own chance of developing bowel cancer?			
Not at all	Less than once a week	More than once a week	Every day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOW ARE YOU FEELING RIGHT NOW?

An important aim of this study is to monitor how people feel. Please read each statement below and tick the box that best indicates the way you feel right now.				
	Not at all	Somewhat	Moderately	Very much so
I feel calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Today's Date <input type="text" value="d"/> <input type="text" value="d"/> <input type="text" value="m"/> <input type="text" value="m"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/> <input type="text" value="y"/>
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Thank you for taking the time to complete this questionnaire