

**Date** ...../...../.....

*This questionnaire will help the study team to understand more about how you manage treatment related diarrhoea. Your responses are strictly confidential. Please answer every question as it applies to you in the **past 7 days** by marking the appropriate box ☒*

1. Over the past week how many bowel movements (include diarrhoea or loose watery stools) did you have on a **typical** day:

none  1  2  3  4  5  6  7  8 or more

2. Over the past week how many days were typically like this?

every day  almost every day (5-6 days)  some days (3-4 days)

3. Over the past week were your bowel movements usually:-

hard/firm  quite soft  very soft/loose  watery

4. Over the past week have you changed your diet to try and help with the diarrhoea?

no  (go to question 5)      yes  *If yes, go to question 4a*

**4a.** What were these and how successful were they? (*please mark all that apply*)

*i) avoid certain foods*

How successful was this?

not at all  a little  quite a bit  very successful

*ii) follow a special diet*

How successful was this?

not at all  a little  quite a bit  very successful

5. Over the past week did you take any extra medicines **not prescribed** by the hospital doctors to try and help with the diarrhoea?

no  (go to question 6)      yes  *If yes, go to question 5a*

**5a.** What were these and how successful were they? (*please mark all that apply*)

*i) medicines to reduce frequency of bowel movements*

How successful was this?

not at all  a little  quite a bit  very successful

ii) medicines to relieve the cramping/pain

How successful was this?

not at all  a little  quite a bit  very successful

6. Over the past week have you contacted any health care professional other than the hospital doctors/nurses to discuss the diarrhoea?

no  (go to question 7)      yes  *If yes, go to question 6a/6b*

6a) Who was this? (please mark all that apply)

GP       practice nurse       pharmacist       other

6b) What did they advise and did you try this? (please mark all that apply)

Did you try this? → no      yes

i) increase fluid intake <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) change of diet <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) use of dietary supplements <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) use of herbal remedies <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) use of anti-diarrhoeal medicines <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi) help with anal soreness/skin damage <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii) rest and reduce normal activity <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii) other <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Over the past week have you reduced the number of your anti-cancer tablets to try and help with the diarrhoea?

never       once or twice       3 to 4 days       most days this week

8. Over the past week have you ever completely stopped taking your anti-cancer tablets to try and help with the diarrhoea?

never       once or twice       3 to 4 days       most days this week

**Thank you for completing this questionnaire**