HUNT 3
Questionnaire 3
Colorectal cancer

Dear HUNT participant,

Thank you for participating in the first part of this health study. You have received this questionnaire because you answered Yes to the question about having or having had colorectal cancer. We hope that you will also answer this questionnaire. Please put an X in the box of your answer for each question using a blue or black ball point pen or marker.

CORRECT ☐ *INCORRECT* ☐

Return the questionnaire in the enclosed, stamped envelope.

Date of completion ____/____200___

Put an X in the box to show to what extent you have had these symptoms or problems

THINK ABOUT THE PAST WEEK	Not at all	A little	Quite a bit	Very much
1. Did you have pain when you urinated?	☐	☐	☐	☐
2. Did you have pain in your buttocks?	☐	☐	☐	☐
3. Did you have a bloated feeling in your abdomen?	☐	☐	☐	☐
4. Were you bothered by gas (flatulence)?	☐	☐	☐	☐
5. Did you belch?	☐	☐	☐	☐
6. Did you have a dry mouth?	☐	☐	☐	☐
7. Have you had thin or lifeless hair as a result of your disease or treatment?	☐	☐	☐	☐
8. Did food or drink taste different from usual?	☐	☐	☐	☐
9. Have you felt physically less attractive as a result of your disease or treatment?	☐	☐	☐	☐
10. Have you been feeling less feminine/masculine as a result of your disease or treatment?	☐	☐	☐	☐
11. Have you been dissatisfied with your body?	☐	☐	☐	☐
12. Were you worried about your health in the future?	☐	☐	☐	☐

THINK ABOUT THE PAST 4 WEEKS	Not at all	A little	Quite a bit	Very much
13. To what extent were you interested in sex?	☐	☐	☐	☐
14. To what extent were you sexually active?(with or without intercourse)	☐	☐	☐	☐
15. Answer this question only if you have been sexually active: To what extent was sex enjoyable for you?	☐	☐	☐	☐
For men only (questions 16 and 17)				
16. Did you have difficulty getting or maintaining an erection?	☐	☐	☐	☐
17. Did you have problems with ejaculation (e.g., so-called “dry ejaculation”)?	☐	☐	☐	☐
Only for women who have had intercourse in the past 4 weeks (questions 18 and 19)				
18. Did you have a dry vagina during intercourse?	☐	☐	☐	☐
19. Did you have pain during intercourse?	☐	☐	☐	☐

20. Do you have a stoma (colostomy bag)? ☐ No *Please answer questions 21-27*

☐ Yes *Please answer questions 28-34*

THINK ABOUT THE PAST WEEK	Not at all	A little	Quite a bit	Very much
Only for patients WITHOUT a stoma (colostomy bag):				
21. Did you have frequent bowel movements during the day?	☐	☐	☐	☐
22. Did you have frequent bowel movements during the night?	☐	☐	☐	☐
23. Did you feel the urge to move your bowels without actually producing any stools?	☐	☐	☐	☐
24. Have you had any unintentional release of stools?	☐	☐	☐	☐
25. Have you had blood with your stools?	☐	☐	☐	☐
26. Have you had difficulty in moving your bowels?	☐	☐	☐	☐
27. Have your bowel movements been painful?	☐	☐	☐	☐
Only for patients WITH a stoma (colostomy bag):				
28. Were you afraid that other people would be able to hear your stoma?	☐	☐	☐	☐
29. Were you afraid that other people would be able to smell your stools?	☐	☐	☐	☐
30. Were you worried about possible leakage from the stoma bag?	☐	☐	☐	☐
31. Did you have problems with caring for your stoma?	☐	☐	☐	☐
32. Was the skin around the stoma irritated?	☐	☐	☐	☐
33. Did you feel embarrassed because of your stoma?	☐	☐	☐	☐
34. Did you feel less complete because of your stoma?	☐	☐	☐	☐

LIFE OUTLOOK

Put an X in the box of the answer that best represents your view

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
24. Having had cancer makes me feel unsure about my future.	☐	☐	☐	☐	☐
25. I worry about my future.	☐	☐	☐	☐	☐
26. I am afraid to die.	☐	☐	☐	☐	☐
27. I feel like time in my life is running out.	☐	☐	☐	☐	☐
28. I learned something about life because of having had cancer.	☐	☐	☐	☐	☐
29. Having had cancer has made me realize that time is precious.	☐	☐	☐	☐	☐
30. Having had cancer has strengthened my religious faith or my sense of spirituality.	☐	☐	☐	☐	☐

Return the questionnaire in the enclosed, stamped envelope. ***Thank you for your participation in HUNT 3.***