

### Section 3

Please tick one box per question to describe how you feel

**1. I feel tense or "wound up":**

Most of the time

A lot of the time

From time to time, occasionally

Not at all

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**2. I still enjoy the things I used to enjoy:**

Definitely as much

Not quite so much

Only a little

Hardly at all

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**3. I get a sort of frightened feeling as if something awful is about to happen:**

Very definitely and quite badly

Yes, but not too badly

A little, but it doesn't worry me

Not at all

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**4. I can laugh and see the funny side of things:**

As much as I always could

Not quite so much now

Definitely not so much now

Not at all

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**5. Worrying thoughts go through my mind:**

A great deal of the time

A lot of the time

From time to time, but not too often

Only occasionally

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**6. I feel cheerful:**

Not at all

Not often

Sometimes

Most of the time

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**7. I can sit at ease and feel relaxed:**

Definitely

Usually

Not often

Not at all

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

**8. I feel as if I am slowed down:**

- Nearly all the time
- Very often
- Sometimes
- Not at all


**9. I get a sort of frightened feeling like "butterflies" in the stomach:**

- Not at all
- Occasionally
- Quite often
- Very often


**10. I have lost interest in my appearance:**

- Definitely
- I don't take as much care as I should
- I may not take quite as much care
- I take just as much care as ever


**11. I feel restless as I have to be on the move:**

- Very much indeed
- Quite a lot
- No very much
- Not at all


**12. I look forward with enjoyment to things:**

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Not at all


**13. I get sudden feelings of panic:**

- Very often indeed
- Quite often
- Not very often
- Not at all


**14. I can enjoy a good book or radio or TV programme:**

- Often
- Sometimes
- Not often
- Very seldom




6. Over the last 12 months, have reasons related to bowel cancer made you:

reduce your weekly working hours? No:  Yes, by:  
..... hours per week

reduce your other normal activities? No:  Yes, by:  
.....hours per week

7. If you would like to tell us about any other costs you have incurred over the last 12 months for reasons related to bowel cancer, please write them here:

**Thank you very much for taking the time to complete this questionnaire!**