## SCREENING AND RECRUITMENT FORM

Please complete this form for each patient screened for potential recruitment to the study. Please keep this form in a secure place. <u>Please</u> note that **all** patients who have had surgery for colorectal cancer should be screened and have a Screening and Recruitment Form completed.

Name of clinician completing this form:.....

Signature:....

Date:....

Please keep this form in a secure place until a researcher collects it.

## SECTION A: PLEASE COMPLETE FOR ALL PATIENTS

#### 1. Patient details

Name	
CHI	

GP Name and			
Practice			
Date of birth			
Date of birth			
	N 1	<b>D</b> 1	
Gender (please )	Male	Female	
Date of surgery			
(DD/MM/YYYY)			

#### 2. What was the patient's colorectal cancer diagnosis (if available)? (using AJCC

- TNM staging system or Dukes) Tick			for each section
	Primary tumour	Regional lymph	Distant metast

Primary tumour	Regional lymph	Distant metastasis
	node	
Тх	Nx	M0
Т0	N0	M1
T1	N1	No information
T2	No information	
Т3		
T4		
No information		

Any additional comments (optional)?

## 3. What was the patient's treatment for colorectal cancer? (please )

Treatment	
Colon surgery	
Rectal surgery	
Laparoscopic surgery	

Open surgery	
Temporary stoma (a loop ileostomy)	
Permanent stoma	
Chemotherapy	
Radiotherapy	
Other (briefly describe)	

## 4. Inclusion and exclusion criteria\*

a) Is the patient 18 years old or over? (please )

NO	
YES	

b) Has the patient been diagnosed with primary colorectal cancer? (please )

NO	
YES	

c) Is the patient in the recovery period following surgery and may or may not be

receiving adjuvant chemotherapy? (please )

NO	
YES	

d) Does the patient have advanced disease? (please )

NO	
YES	

e) Is there any reason why this patient cannot engage in at least 150 minutes per week

of moderate intensity or 75 minutes per week of vigorous intensity aerobic physical

activity\*\*? (please )

NO	
YES	

If yes, please give reason:

Reason	
Severe anaemia	
Compromised immune function	
Injury that will be aggravated by exercise	
Other (briefly describe)	

f) Does the patient have a severe cognitive impairment? (please )

NO	
YES	

## g) Can the patient communicate in English? (please )

NO	
YES	

### 5. Does the patient meet all eligibility criteria? (please )

NO	
YES	

If yes, continue to Section B.

## SECTION B: COMPLETE ONLY FOR PATIENTS WHO MEET ELIGIBILITY CRITERIA

6. Has the patient been given an information sheet about the study? (please )

NO	
YES	

7. Has the patient given permission to be approached by a researcher about the study? (please )

NO	
YES	

I give permission to be approached by a researcher about the study.

Patient signature:....

## SECTION C: COMPLETE FOR PATIENTS WHO DO NOT WISH TO TAKE PART

8. If no to Question 7, has the patient completed a Non-participation patient consent

form (Form 3)?

NO	
YES	

# 9. If yes to Question 8, what is the reason for non-participation (tick one box only)?

Declined to give a reason	
Don't feel ready to be physically active	
Already physically active	
Transport	
Distance	
Cost	

Other commitments (work/family)	
Other (please specify)	

## \* Inclusion and exclusion criteria

## **Cancer patient study participants**

Adults who have been, i) diagnosed with primary colorectal cancer, and ii) are in the recovery period following surgery and may or may not be receiving adjuvant chemotherapy.

## **Exclusion criteria**

Adults who i) have advanced disease, or ii) fail clinical/risk assessment for rehabilitation and therefore deemed by clinicians as unsafe to participate in exercise classes, (e.g. according to recent guidance patients with severe anaemia should delay exercise and patients with compromised immune function should avoid public gyms and exercise classes [49]), or iii) have a severe cognitive impairment and therefore unable to give informed consent to participate in the study, or iv) are unable to communicate in English (N.B. if this study shows that the intervention and trial procedures are acceptable and feasible then translation service costs will be requested in a future large scale trial).

## \*\* How do I know if I'm doing moderate or vigorous intensity exercise?

Moderate-intensity aerobic activity means you're working hard enough to raise your heart rate and break a sweat. One way to tell if you're working at a moderate intensity is if you can still talk but you can't sing the words to a song. Vigorous-intensity aerobic activity means you're breathing hard and fast, and your heart rate has gone up quite a bit. If you're working at this level, you won't be able to say more than a few words without pausing for a breath. The intensity of different forms of physical activity varies between people. The intensity of physical activity depends on an individuals previous exercise experience and their relative level of fitness. Consequently, the examples given below are provided as a guide only and will vary between individuals.

Moderate Intensity: Walking briskly (3 miles per hour or faster, but not race-walking,

Water aerobics, Bicycling slower than 10 miles per hour, Tennis (doubles), Ballroom dancing, General gardening

<u>Vigorous Intensity</u>: Race walking, jogging, or running, Swimming laps, Tennis (singles), Aerobic dancing, Bicycling 10 miles per hour or faster, Jumping rope, Heavy gardening (continuous digging or hoeing), Hiking uphill or with a heavy backpack.