



# yorkshire & humberside haematology network

The Yorkshire and Humberside Haematology Network (YHHN) is a study that collects information from people of all ages, who have been diagnosed with a blood cancer or related disorder. This helps us understand why some people develop these conditions and others do not, and why they may respond differently to treatment.

This questionnaire is about what happened leading up to the diagnosis of your blood cancer or disorder, including your **symptoms**, and **where you went to look for help**. By completing it, you will help us to understand more about your experiences during this time, which may lead to better health services in the region.

We would be grateful if you, or someone acting on your behalf (e.g. parent, other relative or guardian) could complete this questionnaire. You can do this **yourself**, or if you are being contacted on behalf of a child, or need help for any reason, **another person** (e.g. a relative or friend) can do this for you.

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Please write clearly, and if choices are given, tick the box you agree with.

If you need more space, please continue on page 6.

If you have any questions, or need help filling in this form, please contact us using the details on the back page.

Once you have completed the questionnaire, please return it in the stamped addressed envelope provided.

## Questionnaire

## About you

Please write your address in the box below, or if there is a sticker check that the details are correct. Please write any changes in the box on the right.

Address

Amended details

### 1. Who is completing this form?

I am the patient

I am a parent / guardian of the patient, who is a child or young person

I am a relative / caregiver / friend of the patient

## Your diagnosis and symptoms

### 2. Looking back, did you have any symptoms before being diagnosed with your present illness?

Yes

No

Not sure

If **No** or **Not sure** go to question 7.

### 3. What symptoms did you have, and roughly when did you notice them?

Symptom

Month

Year

i)

ii)

iii)

iv)

4. How long was it from the time you first thought something might be wrong with you until you first contacted your GP practice to talk about it?

- Not applicable - I didn't contact my GP practice
- Not applicable - the GP first identified that something could be wrong
- Less than 3 months
- 3-6 months
- 6-12 months
- More than 12 months
- Don't know

If **Not applicable** go to question 7.

5. Before you were diagnosed, how many times did you speak to a healthcare professional at your GP practice about health problems caused by your blood cancer or related disorder?

- Once
- Twice
- Three or four times
- Five or more times
- Don't know

6. Overall, how would you rate your care from the GP practice before diagnosis?  
(Scale of 1 - 10; 1 = very poor; 10 = very good)

Very poor    1   2   3   4   5   6   7   8   9   10    Very good

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. How did you come to be diagnosed?

- Via a GP referral
- At a hospital visit / appointment for something else
- After a routine blood test
- Other (please specify)

**8. Did you go to an Accident and Emergency (A&E) department to get help for your symptoms?**

(Your own decision; sent by your GP; or taken by ambulance or someone else)

- Yes
- No
- Don't know

If **No** or **Don't know** go to question **11**.

**9. How many times did you go to A&E to get help for your symptoms before your diagnosis?**

- One
- Two
- Three or four
- Five or more
- Don't know

**10. Overall, how would you rate your care from the hospital before diagnosis?**

(Scale of 1 - 10; 1 = very poor; 10 = very good)

	1	2	3	4	5	6	7	8	9	10	
Very poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very good

**11. Overall, how did you feel about the length of time it took for you to be diagnosed?**

- It was about right
- It was a little too long
- It was much too long
- Don't know

**12. If there anything else you would like to tell us about your symptoms or diagnosis, please use the box below.** If you need more space, please continue on page 6.

# How do you feel today?



Under each heading, please tick the ONE box that best describes your health TODAY

## MOBILITY

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

## SELF-CARE

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

## USUAL ACTIVITIES

(e.g. work, study, housework, family or leisure activities)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

## PAIN / DISCOMFORT

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

## ANXIETY / DEPRESSION

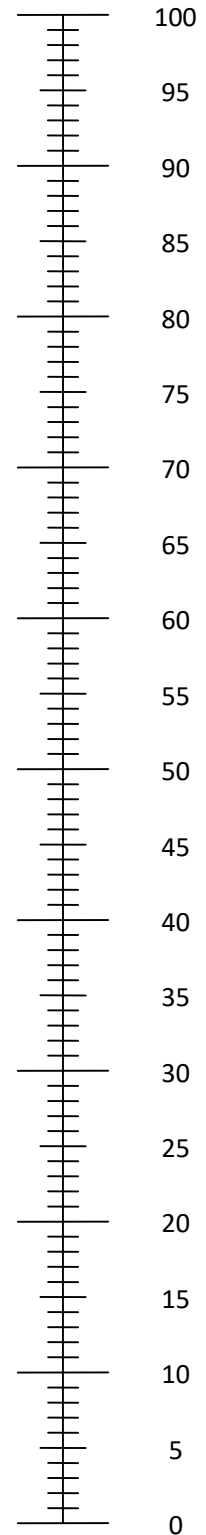
- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed



- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.  
0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =

The best health  
you can imagine



The worst health  
you can imagine

If there anything else you would like to tell us about you or your illness, please use the space below.

**Signed:**

**Date form completed:**

**Your contact telephone number:**  
(in case we have any queries)

## Contact us

### Address

YHHN  
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### Freephone

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### Email

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## Website

Scan the QR code  
to visit our website.

[yhhn.org](http://yhhn.org)

For newsletters, our  
latest research, and  
more.

