**BritE StAr - British Early Diagnosis in Sarcoma Audit**

**Patient Information Sheet and Questionaire**

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As a group of charities, Sarcoma UK, Bone Cancer Research Trust UK and the British Orthopaedic Oncology Society are carrying out a project to investigate our patients’ experiences from the onset of their symptoms up to being seen at this specialist Sarcoma Centre.

We hope that this will help us to reduce any delays in referral and any unnecessary investigations or treatments. We are particularly interested in patients referred to us with soft tissue or bony lumps, or any unexplained pain.

To help our project we would greatly appreciate if you could please complete the following questionnaire whilst waiting for your outpatient appointment today. The survey usually takes around 5 minutes to complete and is entirely anonymous. **None of your personal details or answers will be discussed specifically with you own GP or any health care professional you have previously seen.**

After completing the survey please hand it into the specialist nurse/doctor you see today, and if you have any questions please do not hesitate to ask.

Many thanks for your help with this study,

|  |  |
| --- | --- |
| Questions about your symptoms | |
| What symptom(s) did/do you have? | Pain / lump / swelling  Other (please detail) ……………… |
| When did you first notice these symptoms? | (Day/Month/Year)  ………………………………………………………………… |
| Questions about your previous healthcare appointments | |
| Which type of healthcare professional did you first see about your symptoms? | GP / A&E / Physiotherapist/ Chiropractor/ Podiatrist District nurse / other ………………………………………………. |
| When did you first see this health care professional? | (Day/Month/Year)  …………………………………………………………………. |
| What was the outcome of this appointment (please underline)? | I was reassured  I was referred on (please detail) …………………………  I was sent for imaging  I was referred to physiotherapy  Other (please specify) …………………………………………………………… |
| Was any diagnosis offered at this appointment? | No/Yes  If yes - what were you told?…………………………………. |
| Please list below all of the appointments/contacts with healthcare professionals that you have had between that 1st presentation and today: | |
| |  |  |  | | --- | --- | --- | | Date | HCP type | Outcome | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | |
| Please use this final section to expand on any of your answers above, and to tell us about anything related to your referral that you feel might be relevant to our study. |  |