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

Patient Information Sheet and Questionnaire

Logo

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The charities Sarcoma UK and the Bone Cancer Research Trust combined with the British Orthopaedic Oncology Society and British Sarcoma Group are carrying out a project to investigate 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.

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 five minutes to complete and is entirely anonymous. **None of your personal details or answers will be discussed specifically with your 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,

The BritE StAr Steering Group

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| --- | --- |
| 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 circle and add any detail)? | I was reassured  I was referred on to (please detail) ………………………………………….  I was sent for X-ray or a scan (please specify) …………………………………  I was referred to physiotherapy (Yes/No) ……………………………………….  I was asked to return (Yes/No) …………………………………………………….  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 (HCPs) that you have had between symptoms starting 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. |  |