



Medicines & Healthcare products  
Regulatory Agency



# Quality of Life of Cancer Survivors in England: Pilot Survey (2011)

Version 1.0

Date: 10 April 2019



## Documentation Control Sheet

Over time, it may be necessary to issue amendments or clarifications to parts of this document. This form must be updated whenever changes are made.

Version	Affected Areas Summary of Change	Prepared By	Reviewed By
1.0	First CPRD-NCRAS-Cancer Survivors Pilot survey data release for set 17	Tarita Murray-Thomas	Eleanor Yelland

Version 1.0

- First version (10 April 2019)



Medicines & Healthcare products  
Regulatory Agency



## Quality of Life of Cancer Survivors in England: Pilot Survey (2011) Data Dictionary

### Data coverage

The Quality of Life of Cancer Survivors in England: Pilot Survey was conducted in January 2011.



## Breast Cancer

Column Description	Column Name	Field Type	Valid Content
Pseudonymised patient ID	e_cr_patid	INTEGER	Unique patient identifier based on ENCORE data. In some cases, the same person may have multiple patient IDs. Patient IDs will be retained even after two patient records are found to be the same person
What treatments have you received for your breast cancer?	01a	INTEGER	1.Radiotherapy
What treatments have you received for your breast cancer?	01b	INTEGER	2.Chemotherapy (excluding hormone treatment)
What treatments have you received for your breast cancer?	01c	INTEGER	3.Hormone treatment
What treatments have you received for your breast cancer?	01d	INTEGER	4.Surgery
How long is it since you completed your initial treatment for breast cancer?	2	INTEGER	1.I am still having my initial treatment; 2.It is less than 3 months since my initial treatment; 3.It is between 3 and 12 months since my initial treatment; 4.It is between 1 and 5 years since my initial treatment; 5.It is more than 5 years since my initial treatment; 6.Don't know / can't remember
How has your breast cancer responded to treatment?	3	INTEGER	1.My breast cancer has responded fully to treatment (I am in remission); 2.My breast cancer has been treated but is still present; 3.My breast cancer has not been treated at all; 4.My breast cancer has come back after it was originally treated; 5.I am not certain what is happening with my breast cancer
If you have had breast surgery, do any of the following apply to you?	04a	INTEGER	1.I have had a lumpectomy
If you have had breast surgery, do any of the following apply to you?	04b	INTEGER	2.I have had a mastectomy
If you have had breast surgery, do any of the following apply to you?	04c	INTEGER	3.I have had breast reconstruction
If you have had breast surgery, do any of the following apply to you?	04d	INTEGER	4.I am awaiting or considering breast reconstruction



Column Description	Column Name	Field Type	Valid Content
If you have had breast surgery, do any of the following apply to you?	04e	INTEGER	5.None of these apply to me
Mobility (NCSI)	5	INTEGER	1.I have no problems in walking about; 2.I have slight problems in walking about; 3.I have moderate problems in walking about; 4.I have severe problems in walking about; 5.I am unable to walk about
Self-Care (NCSI)	6	INTEGER	1.I have no problems washing or dressing myself; 2.I have slight problems washing or dressing myself; 3.I have moderate problems washing or dressing myself; 4.I have severe problems washing or dressing myself; 5.I am unable to wash or dress myself
Usual Activities (NCSI)	7	INTEGER	1.I have no problems doing my usual activities; 2.I have slight problems doing my usual activities; 3.I have moderate problems doing my usual activities; 4.I have severe problems doing my usual activities; 5.I am unable to do my usual activities
Pain / Discomfort (NCIS)	8	INTEGER	1.I have no pain or discomfort; 2.I have slight pain or discomfort; 3.I have moderate pain or discomfort; 4.I have severe pain or discomfort; 5.I have extreme pain or discomfort
Anxiety / Depression	9	INTEGER	1.I am not anxious or depressed; 2.I am slightly anxious or depressed; 3.I am moderately anxious or depressed; 4.I am severely anxious or depressed; 5.I am extremely anxious or depressed
I have been short of breath.	10	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am self-conscious about the way I dress.	11	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
One or both of my arms are swollen or tender.	12	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I feel sexually attractive.	13	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am bothered by hair loss.	14	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I worry that other members of my family might someday get the same illness I have.	15	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I worry about the effect of stress on my illness.	16	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am bothered by a change in weight.	17	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much



Column Description	Column Name	Field Type	Valid Content
I have certain parts of my body where I experience pain.	18	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?	19	INTEGER	0-N-one; 2-1 day; 3-2 days; 4-3 days; 5-4 days; 6-5 days; 7-6 days; 8-7 days
Have you had any difficulty in maintaining your independence?	20	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your domestic chores?	21	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with managing your own personal care?	22	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with looking after those who depend on you?	23	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have any of those close to you (e.g. partner, children, parents) had any difficulty with the support available to them?	24	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with benefits?	25	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any financial difficulties?	26	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with financial services?	27	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your work?	28	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with planning for your own or your family's future?	29	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with communicating with those closest to you?	30	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with communicating with others?	31	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning sexual matters?	32	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply



Column Description	Column Name	Field Type	Valid Content
Have you had any difficulty concerning plans to have a family?	33	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your appearance or body image?	34	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you felt isolated?	35	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with getting around?	36	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with where you live?	37	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your recreational activities?	38	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with your plans to travel or take a holiday?	39	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with any other area of your everyday life?	40	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
I have fears about my cancer spreading.	41	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about my cancer coming back.	42	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about death and dying.	43	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I experience memory loss.	44	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I have trouble sleeping.	45	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I have trouble concentrating.	46	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I always feel tired.	47	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree



Column Description	Column Name	Field Type	Valid Content
I experience mood swings.	48	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I am often irritable.	49	INTEGER	1.Strongly agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
Do you have an up-to-date written care plan?	50	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No; 4. I do not need a care plan; 5. Don't know
Do you have a named nurse who you can contact if you have a worry about your cancer care?	51	INTEGER	1.Yes; 2. No; 3. Don't know
Do you know who to contact if you have a concern about any aspect of living with or after cancer?	52	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No
Do you think that hospital staff did everything they could to support you following your cancer treatment?	53	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4.I did not need any support
Do you think that GPs and nurses at your general practice do everything they can to support you following your cancer treatment?	54	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4. My general practice is not involved; 5.I do not need any support
Following your initial cancer treatment have you been given enough care and help from health and social services (for example, district nurses, home helps or occupational therapists)?	55	INTEGER	1.Yes definitely; 2. Yes to some extent; 3. No; 4.I did not need help from health or social services; 5. Don't know / can't remember
Would it have been helpful to have had more advice or information on any of the following issues:	56a	INTEGER	1.Diet and lifestyle
Would it have been helpful to have had more advice or information on any of the following issues:	56b	INTEGER	2.Physical activity and exercise
Would it have been helpful to have had more advice or information on any of the following issues:	56c	INTEGER	3.Financial help or benefits
Would it have been helpful to have had more advice or information on any of the following issues:	56d	INTEGER	4.Free prescriptions
Would it have been helpful to have had more more advice or information on any of the following issues:	56e	INTEGER	5.Returning to or staying in work





Column Description	Column Name	Field Type	Valid Content
Would it have been helpful to have had more advice or information on any of the following issues:	56f	INTEGER	6.Information / advice for family / friends / carer
Would it have been helpful to have had more advice or information on any of the following issues:	56g	INTEGER	7.The physical aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	56h	INTEGER	8.The psychological or emotional aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	56i	INTEGER	9.I have all the information and advice I need
What year were you born?	57	INTEGER	In format YYYY
Are you male or female?	58	INTEGER	1.Male; 2. Female
Which of the following best describes your sexual orientation?	59	INTEGER	1.Heterosexual / straight (opposite sex); 2. Bisexual (both sexes); 3. Gay or Lesbian (same sex); 4. Other; 5. Prefer not to answer
Which statement best describes your living arrangements?	60	INTEGER	1.I live with partner / spouse / family / friends; 2. I live alone; 3. I live in a nursing home hospital or other long-term care home; 4. Other
Do you have a long-standing health condition? (NCSI)	61	INTEGER	1.Yes; 2. No; 3. Don't know / can't say
Which, if any, of the following conditions do you have?	62a	INTEGER	1.Alzheimer's disease or dementia
Which, if any, of the following conditions do you have?	62b	INTEGER	2.Angina
Which, if any, of the following conditions do you have?	62c	INTEGER	3.Arthritis
Which, if any, of the following conditions do you have?	62d	INTEGER	4.Asthma or other chronic chest problem
Which, if any, of the following conditions do you have?	62e	INTEGER	5.Blindness or visual impairment
Which, if any, of the following conditions do you have?	62f	INTEGER	6.Deafness or hearing impairment
Which, if any, of the following conditions do you have?	62g	INTEGER	7.Diabetes
Which, if any, of the following conditions do you have?	62h	INTEGER	8.Epilepsy
Which, if any, of the following conditions do you have?	62i	INTEGER	9.Heart condition
Which, if any, of the following conditions do you have?	62j	INTEGER	10.High blood pressure
Which, if any, of the following conditions do you have?	62k	INTEGER	11.Kidney disease



Column Description	Column Name	Field Type	Valid Content
Which, if any, of the following conditions do you have?	62l	INTEGER	12.Learning difficulty
Which, if any, of the following conditions do you have?	62m	INTEGER	13.Liver disease
Which, if any, of the following conditions do you have?	62n	INTEGER	14.Long term back problems
Which, if any, of the following conditions do you have?	62o	INTEGER	15. Long-standing mental health problem
Which, if any, of the following conditions do you have?	62p	INTEGER	16.Long-standing neurological problem
Which, if any, of the following conditions do you have?	62q	INTEGER	17.Another long-standing condition
Which, if any, of the following conditions do you have?	62r	INTEGER	18.I do not have any of these conditions
What was your employment status before you were diagnosed with cancer?	63	INTEGER	1.Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5. Retired; 6. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
What is your employment status currently?	64	INTEGER	1.Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5 Retired; 5. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
If you are currently employed at the moment, are you:	65	INTEGER	1.Not working at all; 2. Working less hours than usual; 3. Working your usual hours; 4. Working more hours than usual; 5. This question does not apply to me
To which of these ethnic groups would you say you belong?	66a	INTEGER	1.British; 2.Irish; 3.Any other White background; 4.White and Black Caribbean; 5.White and Black African; 6.White and Asian; 7.Any other mixed background; 8.Indian; 9.Pakistani; 10.Bangladeshi; 11.Any other Asian background; 12.Caribbean; 13.African; 14.Any other Black background; 15.Chinese; 16.Any other ethnic group
Broad ethnic group	66b	STRING	Option to group ethnicities (e.g. white/ non-white/ unknown)
To which of these ethnic groups would you say you belong?	66_Other	N/A	Data not provided by CPRD



## Colorectal/Gastro

Column Description	Column Name	Field Type	Valid Content
Pseudonymised patient ID	e_cr_patid	INTEGER	Unique patient identifier based on ENCORE data. In some cases, the same person may have multiple patient IDs. Patient IDs will be retained even after two patient records are found to be the same person
What treatments have you received for your colorectal / GI cancer?	01a	INTEGER	1.Radiotherapy
What treatments have you received for your colorectal / GI cancer?	01b	INTEGER	2.Chemotherapy
What treatments have you received for your colorectal / GI cancer?	01c	INTEGER	3.Surgery
How long is it since you completed your initial treatment for colorectal / GI cancer?	2	INTEGER	1.I am still having my initial treatment; 2.It is less than 3 months since my initial treatment; 3.It is between 3 and 12 months since my initial treatment; 4.It is between 1 and 5 years since my initial treatment; 5.It is more than 5 years since my initial treatment; 6.Don't know / can't remember
How has your colorectal / GI cancer responded to treatment?	3	INTEGER	1.My colorectal / GI cancer has responded fully to treatment (I am in remission); 2.My colorectal / GI cancer has been treated but is still present; 3.My colorectal / GI cancer has not been treated at all; 4. My colorectal / GI cancer has come back after it was originally treated; 5.I am not certain what is happening with my colorectal / GI cancer
If you have a stoma (e.g. colostomy) is it:	4	INTEGER	1.Still present; 2. Reversed; 3. This does not apply to me
Mobility (NCSI)	5	INTEGER	1.I have no problems in walking about; 2.I have slight problems in walking about; 3.I have moderate problems in walking about; 4.I have severe problems in walking about; 5.I am unable to walk about



Column Description	Column Name	Field Type	Valid Content
Self-Care (NCSI)	6	INTEGER	1.I have no problems washing or dressing myself; 2.I have slight problems washing or dressing myself; 3.I have moderate problems washing or dressing myself; 4.I have severe problems washing or dressing myself; 5.I am unable to wash or dress myself
Usual Activities (NCSI)	7	INTEGER	1.I have no problems doing my usual activities; 2.I have slight problems doing my usual activities; 3.I have moderate problems doing my usual activities; 4.I have severe problems doing my usual activities; 5.I am unable to do my usual activities
Pain / Discomfort (NCIS)	8	INTEGER	1.I have no pain or discomfort; 2.I have slight pain or discomfort; 3.I have moderate pain or discomfort; 4.I have severe pain or discomfort; 5.I have extreme pain or discomfort
Anxiety / Depression	9	INTEGER	1.I am not anxious or depressed; 2.I am slightly anxious or depressed; 3.I am moderately anxious or depressed; 4.I am severely anxious or depressed; 5.I am extremely anxious or depressed
I have swelling or cramps in my stomach area.	10	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am losing weight.	11	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have control of my bowels.	12	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I can digest my food well.	13	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have diarrhoea.	14	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have a good appetite.	15	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I like the appearance of my body.	16	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much



Column Description	Column Name	Field Type	Valid Content
I have difficulty urinating.	17	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I urinate more frequently than usual.	18	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I leak urine.	19	INTEGER	0-N-one; 2-1 day; 3-2 days; 4-3 days; 5-4 days; 6-5 days; 7-6 days; 8-7 days
Do you have an ostomy appliance / stoma?	20	INTEGER	1.No; 2. Yes
I am embarrassed by my ostomy appliance / stoma.	21	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
Caring for my ostomy appliance / stoma is difficult.	22	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
Do you have any difficulty in controlling your bowels (e.g. any accidents)?	23	INTEGER	1.No; 2. Yes
If yes, how often do you have difficulties?	24	INTEGER	1.Monthly; 2. Weekly; 3. Daily; 4. Constantly; 5. It varies
In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?	25	INTEGER	1-None; 2-1 day; 3-2 days; 4-3 days, 5-4 days, 6-5 days, 7-6 days, 8-7 days
Have you had any difficulty in maintaining your independence?	26	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your domestic chores?	27	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with managing your own personal care?	28	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with looking after those who depend on you?	29	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have any of those close to you (e.g. partner, children, parents) had any difficulty with the support available to them?	30	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply



Column Description	Column Name	Field Type	Valid Content
Have you had any difficulty with benefits?	31	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any financial difficulties?	32	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with financial services?	33	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your work?	34	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with planning for your own or your family's future?	35	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with communicating with those closest to you?	36	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with communicating with others?	37	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning sexual matters?	38	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning plans to have a family?	39	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your appearance or body image?	40	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you felt isolated?	41	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with getting around?	42	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with where you live?	43	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your recreational activities?	44	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with your plans to travel or take a holiday?	45	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply



Column Description	Column Name	Field Type	Valid Content
Have you had any difficulty with any other area of your everyday life?	46	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
I have fears about my cancer spreading.	47	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about my cancer coming back.	48	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about death and dying.	49	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I experience memory loss.	50	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I have trouble sleeping.	51	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I have trouble concentrating.	52	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I always feel tired.	53	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I experience mood swings.	54	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I am often irritable.	55	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
Do you have an up-to-date written care plan?	56	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No; 4. I do not need a care plan; 5. Don't know
Do you have a named nurse who you can contact if you have a worry about your cancer care?	57	INTEGER	1.Yes 2. No 3. Don't know
Do you know who to contact if you have a concern about any aspect of living with or after cancer?	58	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No
Do you think that hospital staff did everything they could to support you following your cancer treatment?	59	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4.I did not need any support



Column Description	Column Name	Field Type	Valid Content
Do you think that GPs and nurses at your general practice do everything they can to support you following your cancer treatment?	60	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4. My general practice is not involved; 5.I do not need any support
Following your initial cancer treatment have you been given enough care and help from health and social services (for example, district nurses, home helps or occupational therapists)?	61	INTEGER	1.Yes definitely; 2. Yes to some extent; 3. No; 4.I did not need help from health or social services; 5. Don't know / can't remember
Would it have been helpful to have had more advice or information on any of the following issues:	62a	INTEGER	1.Diet and lifestyle
Would it have been helpful to have had more advice or information on any of the following issues:	62b	INTEGER	2.Physical activity and exercise
Would it have been helpful to have had more advice or information on any of the following issues:	62c	INTEGER	3.Financial help or benefits
Would it have been helpful to have had more advice or information on any of the following issues:	62d	INTEGER	4.Free prescriptions
Would it have been helpful to have had more advice or information on any of the following issues:	62e	INTEGER	5.Returning to or staying in work
Would it have been helpful to have had more advice or information on any of the following issues:	62f	INTEGER	6.Information / advice for family / friends / carer
Would it have been helpful to have had more advice or information on any of the following issues:	62g	INTEGER	7.The physical aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	62h	INTEGER	8.The psychological or emotional aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	62i	INTEGER	9.I have all the information and advice I need
What year were you born?	63	INTEGER	In format YYYY
Are you male or female?	64	INTEGER	1.Male; 2. Female
Which of the following best describes your sexual orientation?	65	INTEGER	1.Heterosexual / straight (opposite sex); 2. Bisexual (both sexes); 3. Gay or Lesbian (same sex); 4. Other; 5. Prefer not to answer





Column Description	Column Name	Field Type	Valid Content
Which statement best describes your living arrangements?	66	INTEGER	1. I live with partner / spouse / family / friends; 2. I live alone; 3. I live in a nursing home hospital or other long-term care home; 4. Other
Do you have a long standing health condition? (NCSI)	67	INTEGER	1. Yes; 2. No; 3. Don't know / can't say
Which, if any, of the following conditions do you have?	68a	INTEGER	1. Alzheimer's disease or dementia
Which, if any, of the following conditions do you have?	68b	INTEGER	2. Angina
Which, if any, of the following conditions do you have?	68c	INTEGER	3. Arthritis
Which, if any, of the following conditions do you have?	68d	INTEGER	4. Asthma or other chronic chest problem
Which, if any, of the following conditions do you have?	68e	INTEGER	5. Blindness or visual impairment
Which, if any, of the following conditions do you have?	68f	INTEGER	6. Deafness or hearing impairment
Which, if any, of the following conditions do you have?	68g	INTEGER	7. Diabetes
Which, if any, of the following conditions do you have?	68h	INTEGER	8. Epilepsy
Which, if any, of the following conditions do you have?	68i	INTEGER	9. Heart condition
Which, if any, of the following conditions do you have?	68j	INTEGER	10. High blood pressure
Which, if any, of the following conditions do you have?	68k	INTEGER	11. Kidney disease
Which, if any, of the following conditions do you have? Learning difficulty	68l	INTEGER	12. Learning difficulty
Which, if any, of the following conditions do you have?	68m	INTEGER	13. Liver disease
Which, if any, of the following conditions do you have?	68n	INTEGER	14. Long term back problems
Which, if any, of the following conditions do you have?	68o	INTEGER	15. Long-standing mental health problem
Which, if any, of the following conditions do you have?	68p	INTEGER	16. Long-standing neurological problem



Column Description	Column Name	Field Type	Valid Content
Which, if any, of the following conditions do you have?	68q	INTEGER	17. Another long-standing condition
Which, if any, of the following conditions do you have?	68r	INTEGER	18. I do not have any of these conditions
What was your employment status before you were diagnosed with cancer?	69	INTEGER	1. Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5. Retired; 6. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
What is your employment status currently?	70	INTEGER	1. Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5. Retired; 6. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
If you are currently employed at the moment, are you:	71	INTEGER	1. Not working at all; 2. Working less hours than usual; 3. Working your usual hours; 4. Working more hours than usual; 5. This question does not apply to me
To which of these ethnic groups would you say you belong?	72a	INTEGER	1. British; 2. Irish; 3. Any other White background; 4. White and Black Caribbean; 5. White and Black African; 6. White and Asian; 7. Any other mixed background; 8. Indian; 9. Pakistani; 10. Bangladeshi; 11. Any other Asian background; 12. Caribbean; 13. African; 14. Any other Black background; 15. Chinese; 16. Any other ethnic group
Broad ethnic group	72b	STRING	Option to group ethnicities (e.g. white/ non-white/ unknown)
To which of these ethnic groups would you say you belong?	72_Other	N/A	Data not provided by CPRD



## Non-Hodgkin's Lymphoma

Column Description	Column Name	Field Type	Valid Content
Pseudonymised patient ID	e_cr_patid	INTEGER	Unique patient identifier based on ENCORE data. In some cases, the same person may have multiple patient IDs. Patient IDs will be retained even after two patient records are found to be the same person
What treatments have you received for your Non-Hodgkin's Lymphoma (NHL)?	01a	INTEGER	1.Radiotherapy
What treatments have you received for your Non-Hodgkin's Lymphoma (NHL)?	01b	INTEGER	2.Chemotherapy
What treatments have you received for your Non-Hodgkin's Lymphoma (NHL)?	01c	INTEGER	3.Surgery
What treatments have you received for your Non-Hodgkin's Lymphoma (NHL)?	01d	INTEGER	4.Antibody therapy
What treatments have you received for your Non-Hodgkin's Lymphoma (NHL)?	01e	INTEGER	5.Stem cell transplant
How long is it since you completed your initial treatment for NHL?	2	INTEGER	1.I am still having my initial treatment; 2. It is less than 3 months since my initial treatment; 3.It is between 3 and 12 months since my initial treatment; 4.It is between 1 and 5 years since my initial treatment; 5.It is more than 5 years since my initial treatment; 6.Don't know / can't remember
How has your NHL responded to treatment?	3	INTEGER	1.My NHL has responded fully to treatment (I am in remission); 2. My NHL has been treated but is still present; 3. My NHL has not been treated at all; 4. My NHL has come back after it was originally treated; 5.I am not certain what is happening with my NHL
Mobility (NCSI)	4	INTEGER	1.I have no problems in walking about; 2.I have slight problems in walking about; 3.I have moderate problems in walking about; 4.I have severe problems in walking about; 5.I am unable to walk about



Column Description	Column Name	Field Type	Valid Content
Self-Care (NCSI)	5	INTEGER	1.I have no problems washing or dressing myself; 2.I have slight problems washing or dressing myself; 3.I have moderate problems washing or dressing myself; 4.I have severe problems washing or dressing myself; 5.I am unable to wash or dress myself
Usual Activities (NCSI)	6	INTEGER	1.I have no problems doing my usual activities; 2.I have slight problems doing my usual activities; 3.I have moderate problems doing my usual activities; 4.I have severe problems doing my usual activities; 5.I am unable to do my usual activities
Pain / Discomfort (NCIS)	7	INTEGER	1.I have no pain or discomfort; 2.I have slight pain or discomfort; 3.I have moderate pain or discomfort; 4.I have severe pain or discomfort; 5.I have extreme pain or discomfort
Anxiety / Depression	8	INTEGER	1.I am not anxious or depressed; 2.I am slightly anxious or depressed; 3.I am moderately anxious or depressed; 4.I am severely anxious or depressed; 5.I am extremely anxious or depressed
I have certain parts of my body where I experience pain.	9	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am bothered by lumps or swelling in certain parts of my body.	10	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am bothered by fevers.	11	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have night sweats.	12	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am bothered by itching.	13	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have trouble sleeping at night.	14	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I get tired easily.	15	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am losing weight.	16	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have a loss of appetite.	17	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have trouble concentrating [7 days]	18	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I worry about getting infections.	19	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I worry that I might get new symptoms of my illness.	20	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much



Column Description	Column Name	Field Type	Valid Content
I feel isolated from others because of my illness or treatment.	21	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have emotional ups and downs.	22	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
Because of my illness, I have difficulty planning for the future.	23	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?	24	INTEGER	1-None; 2-1 day; 3-2 days; 4-3 days, 5-4 days, 6-5 days, 7-6 days, 8-7 days
Have you had any difficulty in maintaining your independence?	25	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your domestic chores?	26	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with managing your own personal care?	27	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with looking after those who depend on you?	28	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have any of those close to you (e.g. partner, children, parents) had any difficulty with the support available to them?	29	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with benefits?	30	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any financial difficulties?	31	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with financial services?	32	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your work?	33	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with planning for your own or your family's future?	34	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with communicating with those closest to you?	35	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply



Column Description	Column Name	Field Type	Valid Content
Have you had any difficulty with communicating with others?	36	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning sexual matters?	37	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning plans to have a family?	38	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your appearance or body image?	39	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you felt isolated?	40	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with getting around?	41	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with where you live?	42	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your recreational activities?	43	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with your plans to travel or take a holiday?	44	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with any other area of your everyday life?	45	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
I have fears about my cancer spreading.	46	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about my cancer coming back.	47	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about death and dying.	48	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I experience memory loss.	49	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I have trouble sleeping.	50	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree



Column Description	Column Name	Field Type	Valid Content
I have trouble concentrating.	51	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I always feel tired.	52	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I experience mood swings.	53	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I am often irritable.	54	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
Do you have an up-to-date written care plan?	55	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No; 4.I do not need a care plan; 5. Don't know
Do you have a named nurse who you can contact if you have a worry about your cancer care?	56	INTEGER	1.Yes 2. No 3. Don't know
Do you know who to contact if you have a concern about any aspect of living with or after cancer?	57	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No
Do you think that hospital staff did everything they could to support you following your cancer treatment?	58	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4.I did not need any support
Do you think that GPs and nurses at your general practice do everything they can to support you following your cancer treatment?	59	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4. My general practice is not involved; 5.I do not need any support
Following your initial cancer treatment have you been given enough care and help from health and social services (for example, district nurses, home helps or occupational therapists)?	60	INTEGER	1.Yes definitely; 2. Yes to some extent; 3. No; 4.I did not need help from health or social services; 5. Don't know / can't remember
Would it have been helpful to have had more advice or information on any of the following issues:	61a	INTEGER	1.Diet and lifestyle
Would it have been helpful to have had more advice or information on any of the following issues:	61b	INTEGER	2.Physical activity and exercise
Would it have been helpful to have had more advice or information on any of the following issues:	61c	INTEGER	3.Financial help or benefits
Would it have been helpful to have had more advice or information on any of the following issues:	61d	INTEGER	4.Free prescriptions



Column Description	Column Name	Field Type	Valid Content
Would it have been helpful to have had more advice or information on any of the following issues:	61e	INTEGER	5.Returning to or staying in work
Would it have been helpful to have had more advice or information on any of the following issues:	61f	INTEGER	6.Information / advice for family / friends / carer
Would it have been helpful to have had more advice or information on any of the following issues:	61g	INTEGER	7.The physical aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	61h	INTEGER	8.The psychological or emotional aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	61i	INTEGER	9.I have all the information and advice I need
What year were you born?	62	INTEGER	In format YYYY
Are you male or female?	63	INTEGER	1.Male; 2. Female
Which of the following best describes your sexual orientation?	64	INTEGER	1.Heterosexual / straight (opposite sex); 2. Bisexual (both sexes); 3. Gay or Lesbian (same sex); 4. Other; 5. Prefer not to answer
Which statement best describes your living arrangements?	65	INTEGER	1.I live with partner / spouse / family / friends; 2. I live alone; 3.I live in a nursing home hospital or other long term care home; 4.Other
Do you have a long-standing health condition? (NCSI)	66	INTEGER	1.Yes; 2. No; 3. Don't know / can't say
Which, if any, of the following conditions do you have?	67a	INTEGER	1.Alzheimer's disease or dementia
Which, if any, of the following conditions do you have?	67b	INTEGER	2.Angina
Which, if any, of the following conditions do you have?	67c	INTEGER	3.Arthritis
Which, if any, of the following conditions do you have?	67d	INTEGER	4.Asthma or other chronic chest problem
Which, if any, of the following conditions do you have?	67e	INTEGER	5.Blindness or visual impairment
Which, if any, of the following conditions do you have?	67f	INTEGER	6.Deafness or hearing impairment
Which, if any, of the following conditions do you have?	67g	INTEGER	7.Diabetes
Which, if any, of the following conditions do you have?	67h	INTEGER	8.Epilepsy
Which, if any, of the following conditions do you have?	67i	INTEGER	9.Heart condition





Column Description	Column Name	Field Type	Valid Content
Which, if any, of the following conditions do you have?	67j	INTEGER	10.High blood pressure
Which, if any, of the following conditions do you have?	67k	INTEGER	11.Kidney disease
Which, if any, of the following conditions do you have?	67l	INTEGER	12.Learning difficulty
Which, if any, of the following conditions do you have?	67m	INTEGER	13.Liver disease
Which, if any, of the following conditions do you have?	67n	INTEGER	14.Long term back problems
Which, if any, of the following conditions do you have?	67o	INTEGER	15.Long-standing mental health problem
Which, if any, of the following conditions do you have?	67p	INTEGER	16.Long-standing neurological problem
Which, if any, of the following conditions do you have?	67q	INTEGER	17.Another long-standing condition
Which, if any, of the following conditions do you have?	67r	INTEGER	18.I do not have any of these conditions
What was your employment status before you were diagnosed with cancer?	68	INTEGER	1.Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5. Retired; 6. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
What is your employment status currently?	69	INTEGER	1.Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5. Retired; 6. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
If you are currently employed at the moment, are you:	70	INTEGER	1.Not working at all; 2. Working less hours than usual; 3. Working your usual hours; 4. Working more hours than usual; 5. This question does not apply to me
To which of these ethnic groups would you say you belong?	71a	INTEGER	1.British; 2.Irish; 3.Any other White background; 4.White and Black Caribbean; 5.White and Black African; 6.White and Asian; 7.Any other mixed background; 8.Indian; 9.Pakistani; 10.Bangladeshi; 11.Any other Asian background; 12.Caribbean; 13.African; 14.Any other Black background; 15.Chinese; 16.Any other ethnic group
Broad ethnic group	71b	STRING	Option to group ethnicities (e.g. white/ non-white/ unknown)
<b>To which of these ethnic groups would you say you belong?</b>	71_Other	N/A	<b>Data not provided by CPRD</b>



## Prostate

Column Description	Column Name	Field Type	Valid Content
Pseudonymised patient ID	e_cr_patient_id	INTEGER	Unique patient identifier based on ENCORE data. In some cases, the same person may have multiple patient IDs. Patient IDs will be retained even after two patient records are found to be the same person
What treatments have you received for your prostate cancer?	01a	INTEGER	1.Radiotherapy
What treatments have you received for your prostate cancer?	01b	INTEGER	2.Surgery
What treatments have you received for your prostate cancer?	01c	INTEGER	3.Hormone Treatment
What treatments have you received for your prostate cancer?	01d	INTEGER	4.Chemotherapy
What treatments have you received for your prostate cancer?	01e	INTEGER	5.HIFU
What treatments have you received for your prostate cancer?	01f	INTEGER	6.Cryotherapy
What treatments have you received for your prostate cancer?	01g	INTEGER	7.Active surveillance
How long is it since you completed your initial treatment for prostate cancer?	2	INTEGER	1.I am still having my initial treatment; 2. It is less than 3 months since my initial treatment; 3.It is between 3 and 12 months since my initial treatment; 4.It is between 1 and 5 years since my initial treatment; 5.It is more than 5 years since my initial treatment; 6.Don't know / can't remember
How has your prostate cancer responded to treatment?	3	INTEGER	1.My prostate cancer has responded fully to treatment (I am in remission); 2.My prostate cancer has been treated but is still present; 3.My prostate cancer has not been treated at all; 4.My prostate cancer has come back after it was originally treated; 5.I am not certain what is happening with my prostate cancer
Mobility (NCSI)	4	INTEGER	1.I have no problems in walking about; 2.I have slight problems in walking about; 3.I have moderate problems in walking about; 4.I have severe problems in walking about; 5.I am unable to walk about



Column Description	Column Name	Field Type	Valid Content
Self-Care (NCSI)	5	INTEGER	1.I have no problems washing or dressing myself; 2.I have slight problems washing or dressing myself; 3.I have moderate problems washing or dressing myself; 4.I have severe problems washing or dressing myself; 5.I am unable to wash or dress myself
Usual Activities (NCSI)	6	INTEGER	1.I have no problems doing my usual activities; 2.I have slight problems doing my usual activities; 3.I have moderate problems doing my usual activities; 4.I have severe problems doing my usual activities; 5.I am unable to do my usual activities
Pain / Discomfort (NCIS)	7	INTEGER	1.I have no pain or discomfort; 2.I have slight pain or discomfort; 3.I have moderate pain or discomfort; 4.I have severe pain or discomfort; 5.I have extreme pain or discomfort
Anxiety / Depression	8	INTEGER	1.I am not anxious or depressed; 2.I am slightly anxious or depressed; 3.I am moderately anxious or depressed; 4.I am severely anxious or depressed; 5.I am extremely anxious or depressed
I am losing weight.	9	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have a good appetite.	10	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have aches and pains that bother me	11	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have certain parts of my body where I experience pain.	12	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
My pain keeps me from doing things I want to do	13	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am satisfied with my present comfort level	14	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have trouble moving my bowels	15	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I have difficulty urinating.	16	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I urinate more frequently than usual.	17	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
My problems with urinating limit my activities	18	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I am able to have and maintain an erection	19	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much
I leak urine.	20	INTEGER	1.Not at all; 2. A little bit; 3. Somewhat; 4. Quite a bit; 5. Very much



Column Description	Column Name	Field Type	Valid Content
Do you have any difficulty in controlling your bowels (e.g. any accidents)?	21	INTEGER	1.No; 2. Yes
If yes, how often do you have difficulties?	22	INTEGER	1.Monthly; 2. Weekly; 3. Daily; 4. Constantly; 5. It varies
In the past week, on how many days have you done a total of 30 minutes or more of physical activity, which was enough to raise your heart rate?	23	INTEGER	1-None; 2-1 day; 3-2 days; 4-3 days, 5-4 days, 6-5 days, 7-6 days, 8-7 days
Have you had any difficulty in maintaining your independence?	24	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your domestic chores?	25	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with managing your own personal care?	26	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with looking after those who depend on you?	27	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have any of those close to you (e.g. partner, children, parents) had any difficulty with the support available to them?	28	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with benefits?	29	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any financial difficulties?	30	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with financial services?	31	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your work?	32	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with planning for your own or your family's future?	33	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with communicating with those closest to you?	34	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with communicating with others?	35	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply



Column Description	Column Name	Field Type	Valid Content
Have you had any difficulty concerning sexual matters?	36	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning plans to have a family?	37	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty concerning your appearance or body image?	38	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you felt isolated?	39	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with getting around?	40	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with where you live?	41	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty in carrying out your recreational activities?	42	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with your plans to travel or take a holiday?	43	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
Have you had any difficulty with any other area of your everyday life?	44	INTEGER	1.No difficulty; 2. A little; 3. Quite a bit; 4. Very much; 5. Does not apply
I have fears about my cancer spreading.	45	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about my cancer coming back.	46	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree; 6. Does not apply to me
I have fears about death and dying.	47	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I experience memory loss.	48	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I have trouble sleeping.	49	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I have trouble concentrating.	50	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree



Column Description	Column Name	Field Type	Valid Content
I always feel tired.	51	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I experience mood swings.	52	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
I am often irritable.	53	INTEGER	1.Strongly Agree; 2. Agree; 3. Neither agree nor disagree; 4. Disagree; 5. Strongly disagree
Do you have an up-to-date written care plan?	54	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No; 4.I do not need a care plan; 5. Don't know
Do you have a named nurse who you can contact if you have a worry about your cancer care?	55	INTEGER	1.Yes 2. No 3. Don't know
Do you know who to contact if you have a concern about any aspect of living with or after cancer?	56	INTEGER	1.Yes definitely; 2. Yes, I think so; 3. No
Do you think that hospital staff did everything they could to support you following your cancer treatment?	57	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4.I did not need any support
Do you think that GPs and nurses at your general practice do everything they can to support you following your cancer treatment?	58	INTEGER	1.Yes all of the time; 2. Only some of the time; 3. Never; 4. My general practice is not involved; 5.I do not need any support
Following your initial cancer treatment have you been given enough care and help from health and social services (for example, district nurses, home helps or occupational therapists)?	59	INTEGER	1.Yes definitely; 2. Yes to some extent; 3. No; 4.I did not need help from health or social services; 5. Don't know / can't remember
Would it have been helpful to have had more advice or information on any of the following issues:	60a	INTEGER	1.Diet and lifestyle
Would it have been helpful to have had more advice or information on any of the following issues:	60b	INTEGER	2.Physical activity and exercise
Would it have been helpful to have had more advice or information on any of the following issues:	60c	INTEGER	3.Financial help or benefits
Would it have been helpful to have had more advice or information on any of the following issues:	60d	INTEGER	4.Free prescriptions
Would it have been helpful to have had more advice or information on any of the following issues:	60e	INTEGER	5.Returning to or staying in work



Column Description	Column Name	Field Type	Valid Content
Would it have been helpful to have had more advice or information on any of the following issues:	60f	INTEGER	6.Information / advice for family / friends / carer
Would it have been helpful to have had more advice or information on any of the following issues:	60g	INTEGER	7.The physical aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	60h	INTEGER	8.The psychological or emotional aspects of living with and after cancer
Would it have been helpful to have had more advice or information on any of the following issues:	60i	INTEGER	9.I have all the information and advice I need
What year were you born?	61	INTEGER	In format YYYY
Are you male or female?	62	INTEGER	1.Male; 2. Female
Which of the following best describes your sexual orientation?	63	INTEGER	1.Heterosexual / straight (opposite sex); 2. Bisexual (both sexes); 3. Gay or Lesbian (same sex); 4. Other; 5. Prefer not to answer
Which statement best describes your living arrangements?	64	INTEGER	1.I live with partner / spouse / family / friends; 2. I live alone; 3. I live in a nursing home hospital or other long-term care home; 4. Other
Do you have a long-standing health condition? (NCSI)	65	INTEGER	1.Yes; 2. No; 3. Don't know / can't say
Which, if any, of the following conditions do you have?	66a	INTEGER	1.Alzheimer's disease or dementia
Which, if any, of the following conditions do you have?	66b	INTEGER	2.Angina
Which, if any, of the following conditions do you have?	66c	INTEGER	3.Arthritis
Which, if any, of the following conditions do you have?	66d	INTEGER	4.Asthma or other chronic chest problem
Which, if any, of the following conditions do you have?	66e	INTEGER	5.Blindness or visual impairment
Which, if any, of the following conditions do you have?	66f	INTEGER	6.Deafness or hearing impairment
Which, if any, of the following conditions do you have?	66g	INTEGER	7.Diabetes
Which, if any, of the following conditions do you have?	66h	INTEGER	8.Epilepsy
Which, if any, of the following conditions do you have?	66i	INTEGER	9.Heart condition
Which, if any, of the following conditions do you have? High blood pressure	66j	INTEGER	10.High blood pressure



Column Description	Column Name	Field Type	Valid Content
Which, if any, of the following conditions do you have?	66k	INTEGER	11.Kidney disease
Which, if any, of the following conditions do you have?	66l	INTEGER	12.Learning difficulty
Which, if any, of the following conditions do you have? Liver disease	66m	INTEGER	13.Liver disease
Which, if any, of the following conditions do you have? Long term back problems	66n	INTEGER	14.Long term back problems
Which, if any, of the following conditions do you have? Long-standing mental health problem	66o	INTEGER	15.Long-standing mental health problem
Which, if any, of the following conditions do you have?	66p	INTEGER	16.Long-standing neurological problem
Which, if any, of the following conditions do you have?	66q	INTEGER	17.Another long-standing condition
Which, if any, of the following conditions do you have?	66r	INTEGER	18.I do not have any of these conditions
What was your employment status before you were diagnosed with cancer?	67	INTEGER	1.Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5. Retired; 6. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
What is your employment status currently?	68	INTEGER	1.Full time employment; 2. Part time employment; 3. Homemaker; 4. Student (in education); 5. Retired; 6. Unemployed – and seeking work; 7. Unemployed – unable to work for health reasons; 8. Other
If you are currently employed at the moment, are you:	69	INTEGER	1.Not working at all; 2. Working less hours than usual; 3. Working your usual hours; 4. Working more hours than usual; 5. This question does not apply to me
To which of these ethnic groups would you say you belong?	70a	INTEGER	1.British; 2.Irish; 3.Any other White background; 4.White and Black Caribbean; 5.White and Black African; 6.White and Asian; 7.Any other mixed background; 8.Indian; 9.Pakistani; 10.Bangladeshi; 11.Any other Asian background; 12.Caribbean; 13.African; 14.Any other Black background; 15.Chinese; 16.Any other ethnic group
Broad ethnic group	70b	STRING	Option to group ethnicities (e.g. white/ non-white/ unknown)
<b>To which of these ethnic groups would you say you belong?</b>	70_Other	N/A	<b>Data not provided by CPRD</b>