

The impact of a group intervention to promote nutritional improvement and behaviour change for women following treatment for breast cancer

## **Appendix I Feasibility study**

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## 1.1 Feasibility study recruitment leaflet



# The McClelland breast cancer lifestyle project

*Would you like to know how to improve your diet and become more physically active?*



*Would you like to meet other women who have had breast cancer in a relaxed and supportive lifestyle group?*

The University of Worcester runs a **FREE** 12-week lifestyle programme for women who have had breast cancer.

- Sessions are held at the University City Campus in Worcester City centre
- The next group starts on **THURSDAY 16<sup>th</sup> APRIL 2015**
- The sessions are from **2.00pm-4.30pm**.

For further information or to book a place, please contact;

*(Researcher contact details)*

## 1.2 Feasibility study participant information sheet



### **Participant Information Sheet**

**Title of Project:** An evaluation of the McClelland breast cancer lifestyle project

#### **Invitation**

We would like to invite you to take part in an evaluation project. Before you decide whether to take part it is important that you understand why the study is being carried out and what it will involve. Please take time to read this carefully and ask the team if you have any questions. Talk to others about the study if you wish. You will have at least 7 days to decide if you want to take part.

#### **What is the purpose of the study?**

This study aims to find out whether participants have benefitted from the McClelland lifestyle project, and their views of the ways in which it could be improved.

#### **Why have I been invited to take part?**

You have received this invitation because you are currently attending the McClelland breast cancer lifestyle project. We are hoping to recruit about 10 participants for this study.

#### **Do I have to take part?**

Your participation in the study is entirely voluntary, and you may change your mind at any time without giving a reason. If you choose not to continue to take part in the research this will not impact on you in any way.

Please take your time to decide whether or not you want to take part in this study; we will wait for at least 7 of days before asking for your decision. You can decide not to take part or to withdraw from the study at any point until August 2015 when the data will be published. If you wish to have your data withdrawn please contact the team with your participant number and your data will then not be used. If you do decide to take part you will be asked to sign a consent form.

If you decide not to take part in the evaluation study this will have no implications for you, and you will still be able to attend the lifestyle project sessions as before.

### **What will the evaluation involve?**

If you agree to take part in the evaluation project, then your personal data that are gathered during the group sessions will be anonymised and combined with data from other participants and will be used to evaluate the project overall. There will be no additional data collected.

The data that will be collected as part of the lifestyle project will include;

- A 4-day food diary
- Body measurements including weight, height, waist and hip circumference and blood pressure
- A measure of physical activity level
- A form in which you will be asked to identify and rate your current concerns
- A feedback form.

We will ask for your verbal consent for each of these measures and you able to decline to participate in any aspect of the programme without giving a reason.

If you decide not to participate in the study, then your personal data will be discussed with you but will not be used in the evaluation.

### **Are there any disadvantages risks to taking part?**

The evaluation study does not include any known risks and does not involve collecting any data in addition to that collected as part of the lifestyle project.

If you do have any concerns during the programme or its evaluation, then you are advised to discuss it with a member of the programme team, or to contact the breast care nurse, the hospital support group or clinic or your General Practitioner as appropriate for further advice.

You could also contact (*name and contact details of support group.*)

### **Will the information I give stay confidential?**

Everything you say/report is confidential unless you tell us something that indicates that you or someone else is at risk of harm. We would discuss this with you before telling anyone else. The information you give may be used for an evaluation report, but it will not be possible to identify you from the report or any other dissemination activities. Personal identifiable information (e.g. name

and contact details) will be securely stored and kept for up to 2 years after the project starts in March 2015 and then securely disposed of. The research data (e.g. food diary data) will be securely stored and may be used for further research purposes for up to 10 years.

#### **What will happen to the results of the evaluation study?**

This study is being carried out as part of my PhD at the University of Worcester. The findings will be reported as part of my thesis and may also be published in academic journals or at conferences.

If you wish to receive a summary of the evaluation findings, please contact the team.

#### **Who is organising the study?**

This research has been approved by the University of Worcester Institute of Health and Society Ethics Committee.

#### **What happens next?**

Please keep this information sheet. If you do decide to take part, please contact the team using the details below.

### ***Thank you for taking the time to read this information***

If you decide to take part of you have any questions, concerns or complaints about this study please contact one of the team using the details below (*name and contact details of researcher, supervisor and Research Manager*).

1.3 Feasibility study participant consent form



**Participant Consent Form**

**Title of project:** An evaluation of the McClelland breast cancer lifestyle project

Participant Identification Number for this study:

Name of Researcher: Jane Richardson

*Please write your initials in the appropriate boxes below*

- |  | <b>YES</b>               |
|--|--------------------------|
| I confirm that I have read and understood the information sheet for the above study and have had the opportunity to ask questions.   | <input type="checkbox"/> |
| I confirm that I have had sufficient time to consider whether I want to take part in this study.   | <input type="checkbox"/> |
| I understand that I do not have to take part in this study, and I can change my mind at any time. I understand that I may withdraw my data by contacting the researcher with my participant number before August 2015. | <input type="checkbox"/> |
| I agree to my research data including anonymised quotations from my feedback forms being used in publications or reports   | <input type="checkbox"/> |
| I agree to take part in the study.   | <input type="checkbox"/> |
| I have been made aware of support services that are available if I need them.  | <input type="checkbox"/> |
| I know who to contact if I have any concerns about this study  | <input type="checkbox"/> |

*(Signed by researcher and participant)*

## 1.4 MYCaW forms

### 1.4.1 MYCaW initial form

#### Measure Yourself Concerns and Wellbeing (MYCAW)

##### First form

Full name.....

Date of birth .....

Date first completed .....

.....  
Please write down one or two concerns or problems which you would most like us to help you with.

1.

2.

Please circle a number to show how severe each concern or problem is now:

This should be YOUR opinion, no-one else's!

**Concern or problem 1:**

0 1 2 3 4 5 6  
 Not bothering me at all bothers me greatly 

**Concern or problem 2:**

0 1 2 3 4 5 6  
 Not bothering me at all bothers me greatly 

**Wellbeing:**

How would you rate your general feeling of wellbeing now ? ( How do you feel in yourself?)

0 1 2 3 4 5 6  
 As good as it could be As bad as it could be 

Thank you for completing this form.

## 1.4.2 MYCaW follow up form

### Measure Yourself Concerns and Wellbeing (MYCAW )

#### Follow up form (face-to-face version)

Today's date .....

Look at the concerns that you wrote down before.

Please circle a number to show how severe each of those concerns or problems is now:

#### Concern or problem 1:

0 1 2 3 4 5 6  
 Not bothering me at all      bothers me greatly 

#### Concern or problem 2:

0 1 2 3 4 5 6  
 Not bothering me at all      bothers me greatly 

#### Wellbeing:

How would you rate your general feeling of wellbeing now? (How do you feel in yourself?)

0 1 2 3 4 5 6  
 As good as it could be      As bad as it could be 

#### Other things affecting your health

The treatment that you have received here may not be the only thing affecting your concern or problem. If there is anything else which you think is important, such as changes which you have made yourself, or other things happening in your life, please write it here.

#### What has been most important for you?

Reflecting on your time with \_\_\_\_\_, what were the most important aspects for you?  
( write overleaf if you need more space)

Thank you for completing this form.

MYCAW. Measure Yourself Concerns and Wellbeing (face-to face at follow-up version)

## 1.5 Feasibility study food diary form



**McClelland  
Centre**

Health & Wellbeing at the  
University of Worcester

**McCLELLAND PROGRAMME**

### **4 DAY FOOD DIARY**

<b>Participant Number</b>		<b>DATE OF BIRTH</b>	
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#### **4-DAY FOOD DIARY**

As part of this programme we would like to analyse your diet at the start of the programme and again at the end. We will offer you a summary of the key findings in each case for discussion.

To complete this food diary, please:

- Choose 4 fairly typical days (*2 week days and a Saturday and a Sunday*).
- Continue to eat your normal diet.
- Record all of your food and drink as you go through each of the days, including snacks.
- Give as much information as possible about the foods such as home cooked with ingredients, brand names, organic, skimmed, wholemeal etc. You could also collect labels and packets.
- Estimate and record food quantities as far as possible (*handful, small bowl, heaped teaspoon, 3 slices etc*).
- Please also include details of any supplements that you take (include brand, dose etc.)

If you have any questions about completing this questionnaire please contact (*Contact details*)

Please bring the completed questionnaire (and any labels or packets you have collected) to the next session.

Thank you.

**PLEASE ADD BELOW ANY OTHER INFORMATION OR COMMENTS ABOUT YOUR DIET.**

DAY 1	DATE	DAY OF WEEK		
TIME	ALL FOOD(S) EATEN ( <i>INCLUDE SNACKS</i> ) AND DRINKS <i>e.g. Water, Coffee, Tea, Herbal Juice, Fizzy, Alcohol etc</i>		APPROX. QUANTITY	OTHER INFORMATION <i>e.g. Brands, Sugar or Salt Added</i>








## 1.6 Feasibility study evaluation forms

### 1.6.1 Feasibility study mid-intervention evaluation form

#### **McClelland Lifestyle Project- mid intervention review**

**Participant number:**

We would be very grateful for some feedback from your experience of attending the lifestyle project so far.

We will use this feedback to tailor the rest of the programme to the needs of the group, and to help us to plan further programmes in the future.

Thank you!

1. What have you liked or found useful about the McClelland lifestyle project so far?
2. Which aspects have been less useful, or could be improved?
3. Has the programme been relevant to you?
4. Are there any particular areas or aspects that you would like us to include in the remaining weeks?
5. Do you have any other comments or feedback about the programme so far?

Thank you!

We will let you know of any changes that we make as a result of your feedback.

## 1.6.2 Feasibility study end of intervention evaluation form

### McClelland Lifestyle Project- end of programme evaluation

**Participant information number:**

We would be very grateful for some feedback from your experience of attending the lifestyle project. We will use this feedback to improve the programme for future participants. Thank you!

1. What have you liked or found useful about the McClelland lifestyle project?
2. What do you think that you have gained from it?
3. How do you think that it could be changed or improved?
4. Do you have any suggestions of other aspects that could also be included?
5. Was the day and timing of the programme suitable?
6. Do you have any other comments or feedback about the programme?

Many thanks for your participation and for your feedback!

