

Together we will beat cancer

CANCER RESEARCH UK



Cancer Research UK

Cancer Awareness Measure (CAM)

This survey instrument (CAM) was developed by Cancer Research UK, University College London, Kings College London, and University of Oxford in 2007-2008.

There are many warning signs and symptoms of cancer. Please name as many as you can think of:

The following may or may not be warning signs for cancer. We are interested in your opinion:

	Yes	No	Don't know
Do you think an unexplained lump or swelling could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think persistent unexplained pain could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think unexplained bleeding could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think a persistent cough or hoarseness could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think a persistent change in bowel or bladder habits could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think persistent difficulty swallowing could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think a change in the appearance of a mole could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think a sore that does not heal could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think unexplained weight loss could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sometimes people put off going to see the doctor, even when they have a symptom that they think might be serious. These are some of the reasons people give for delaying. Could you say if any of these might put you off going to the doctor?

	Yes often	Yes sometimes	No	Don't know
I would be too embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be too scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be worried about wasting the doctor's time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My doctor would be difficult to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be difficult to make an appointment with my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be too busy to make time to go to the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have too many other things to worry about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It would be difficult for me to arrange transport to the doctor's surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would be worried about what the doctor might find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wouldn't feel confident talking about my symptom with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other (please specify)

What things do you think affect a person's chance of getting cancer?

Medical scientists suggest that these are some of the things that can increase the chance of getting cancer. How much do you agree that each of these can increase the chance of getting cancer?

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Smoking any cigarettes at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to another person's cigarette smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking more than 1 unit of alcohol a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating less than 5 portions of fruit and vegetables a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating red or processed meat once a day or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being overweight (BMI over 25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting sunburnt more than once as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being over 70 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having a close relative with cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection with HPV (Human Papillomavirus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing less than 30 mins of moderate physical activity 5 times a week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Here is a picture of 100 people. Out of 100 people, how many do you think will develop cancer at some point in their life?



_____ people out of 100 will develop cancer at some point in their life

What do you think is the **most** common cancer in women?

What do you think is the **second** most common cancer in women?

What do you think is the **third** most common cancer in women?

What do you think is the **most** common cancer in men?

What do you think is the **second** most common cancer in men?

What do you think is the **third** most common cancer in men?

Yes

No

Don't know

Is there an NHS breast cancer screening programme?

If yes, at what age are women first invited for breast cancer screening? _____

Is there an NHS cervical cancer screening programme (smear tests)?

If yes, at what age are women first invited for cervical cancer screening? _____

Is there an NHS bowel cancer screening programme?

If yes, at what age are people first invited for bowel cancer screening? _____

Please put the following things in order of how much you think they contribute to cancer in the UK:

Lifestyle (e.g. smoking, diet, physical activity)

Chance

Aging

Environmental factors (e.g. pollution, radiation)

Genetic inheritance (e.g. runs in the family)

1. _____ (Most important)

2. _____

3. _____

4. _____

5. _____ (Least important)



Cancer Research UK

Cancer Awareness Measure (CAM)

Demographic Questions

This survey instrument (CAM) was developed by Cancer Research UK, University College London, Kings College London, and University of Oxford in 2007-2008.

We would now like to ask you a few questions about yourself to help to analyse the study. You will not be asked your name and all of your answers are confidential.

1. What is your age?

--	--

2. What is your gender?

Male

Female

3. Which of these best describes your ethnic group?

White	Mixed	Asian or Asian British	Black or Black British	Chinese/other
<input type="checkbox"/> White British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian	<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/> White Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Black African	<input type="checkbox"/> Other.....
<input type="checkbox"/> Any other White background	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Black background	
	<input type="checkbox"/> Any other Mixed background	<input type="checkbox"/> Any other Asian background		

4. What is your marital status?

Single/never married	Married/living with partner	Married separated from	Divorced	Widowed	Civil partnership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is the highest level of education qualification you have obtained?

<input type="checkbox"/> Degree or higher degree	<input type="checkbox"/> O Level or GCSE equivalent (Grade A - C)
<input type="checkbox"/> Higher education qualification below degree level	<input type="checkbox"/> O Level or GCSE (Grade D - G)
<input type="checkbox"/> A-levels or highers	<input type="checkbox"/> No formal qualifications
<input type="checkbox"/> ONC/BTEC	<input type="checkbox"/> Other

6. Please tick the box which best describes your living arrangement:

Own outright	Own mortgage	Rent from Local Authority/Housing Association	Rent privately	Squatting	Other (e.g. living with family/friends)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. What is your Postcode?

8. Are you currently:

<input type="checkbox"/> Employed full-time	<input type="checkbox"/> Full-time homemaker
<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
<input type="checkbox"/> Self-employed	<input type="checkbox"/> Disabled or too ill to work

9. Does your household own a car or van?

No	Yes, one	Yes, more than one
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Have you, your family or close friends had cancer? (please tick all that apply)

You	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Close Friend	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Partner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other Friend	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Close family member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not sure	<input type="checkbox"/>	
Other family member	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not wish to answer	<input type="checkbox"/>	

11. How many years have you been living in the UK?

--	--

12. What is the main language spoken at home?

<input type="checkbox"/> English	<input type="checkbox"/> Sylheti
<input type="checkbox"/> Urdu	<input type="checkbox"/> Cantonese
<input type="checkbox"/> Punjabi	<input type="checkbox"/> Other.....
<input type="checkbox"/> Gujarati	