

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.

INTERVIEWER NAME (FULL NAME)	INT. I.D. NUMBER
INT. TIME: (USE 24 HOUR CLOCK) _____ HRS _____ MINS	INT. DATE:
DATABASE REFERENCE NUMBER:	WARD NAME: SOA:

Good morning/afternoon. My name is xxxx and I am from BMG Research. We are carrying out research on behalf of Lambeth PCT.

This set of questions is about cancer awareness and should take around 15 minutes to complete. This is not a test, we are interested in your thoughts and beliefs so please answer the questions as honestly as you can. All your answers are confidential. Please be aware that I am unable to answer questions during the interview, but there will be time to address any queries at the end. Please also be aware that I can not go back to a question that has already been asked.

Q1. This first set of questions is about warning signs of cancer. There are many warning signs and symptoms of cancer. Please name as many as you can think of:

Instructions: prompt “*anything else*” until respondent can think of no more warning signs or symptoms. If a respondent states that they do not know or can not think of any signs or symptoms for cancer please prompt with “*are you sure*” and if necessary “*take a minute to think about it*”.

Q2. The following may or may not be warning signs for cancer. We are interested in your opinion:

Read out and code one box per row

DO NOT give “don’t know” as an option but record it if the respondent says it spontaneously.

If the respondent asks for clarification about certain items within this set of questions, please refer to the ‘Point of clarification’ written with the items. Please only read these out if necessary.

	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"/>

Q5. 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?

Read out and code one per row. **SHOWCARD 2**

DO NOT give “don’t know” as an option but record it if the respondent says it spontaneously.

Only ask about the barriers that are listed.

	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)				

Q6. What things do you think affect a person's chance of getting cancer?

Please write in below.

Prompt "*anything else*" until respondent can think of no more warning signs or symptoms. If a respondent states that they do not know or can not think of any risk factors for cancer please prompt with "*are you sure*" and if necessary "*take a minute to think about it*".

Q7. 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? SHOWCARD 3

Read out and code one per row. DO NOT PROMPT

DO NOT give “don’t know” as an option but record it if the respondent says it spontaneously.

If the respondent asks for clarification about certain items within this set of questions, please refer to the ‘Point of clarification’ written with the items. Please only read these out if necessary.

	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"/>

Q8. 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? SHOWCARD 4

Please write in below on the dotted line.

DO NOT PROMPT



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

Q9. What do you think is the **most** common cancer in women? DO NOT PROMPT
Please write in below

Q9a. What do you think is the **second** most common cancer in women? DO NOT PROMPT
Please write in below

Q9b. What do you think is the **third** most common cancer in women? DO NOT PROMPT
Please write in below

Q9c. What do you think is the **most** common cancer in men? DO NOT PROMPT
Please write in below

Q9d. What do you think is the **second** most common cancer in men? DO NOT PROMPT
Please write in below

Q9e. What do you think is the **third** most common cancer in men? DO NOT PROMPT
Please write in below

DO NOT PROMPT

Read out and code one box per row

	Yes	No	Don't know
Q10a1. Is there an NHS breast cancer screening programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10a2. If yes, at what age are women first invited for breast cancer screening? _____			<input type="checkbox"/>
Q10b1. Is there an NHS cervical cancer screening programme (smear tests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10b2. If yes, at what age are women first invited for cervical cancer screening? _____			<input type="checkbox"/>
Q10c1. Is there an NHS bowel cancer screening programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q10c2. If yes, at what age are people first invited for bowel cancer screening? _____			<input type="checkbox"/>

Q11. Please put the following things in order of how much you think they contribute to cancer in the UK:

Read out and put in order of importance with 1 being most important and 5 being least important.
Only ask about the factors listed.

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)

Q18. What is your age?

Q19. What is your gender?

Male

Female

Q25. Are you currently: Code one only **SHOWCARD 12**

- | | |
|---|--|
| <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 |
| <input type="checkbox"/> Prefer not to say | |

Q26. Does your household own a car or van? Code one only

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| No | Yes, one | Yes, more than one | Prefer not to say |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q27. Have you, your family or close friends had cancer? Code one per row

- | | | | | | | | | |
|---------------------|-----|--------------------------|----|--------------------------|----------|--------------------------|-------------------|--------------------------|
| You | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Partner | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Close family member | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Other family member | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Close Friend | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |
| Other Friend | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Not sure | <input type="checkbox"/> | Prefer not to say | <input type="checkbox"/> |

Q28. How many years have you been living in the UK? Please write in

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Q29. 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 (please specify)..... |
| <input type="checkbox"/> Gujarati | <input type="checkbox"/> Prefer not to say |

Thank respondent and close – give information sheet and letter to respondent.

RESPONDENT'S NAME :	
ADDRESS : (Address Line 1)	
(Address Line 2)	
(Address Line 3)	
(Postal Town)	
(County)	
POSTCODE : (ESSENTIAL)	
TELEPHONE : (INCLUDING STD) (ESSENTIAL)	

Interviewer: Someone from BMG Research may call you, as part of our quality control processes to ensure I have completed this interview with you.

RESPONDENT TO COMPLETE:

I CONFIRM THAT THIS INTERVIEW WAS CONDUCTED WITH MYSELF IN A PROPER MANNER AND THAT THE DETAILS HAVE BEEN RECORDED ACCURATELY.

SIGNATURE: _____

PRINT NAME: _____

Interviewer's signature: _____