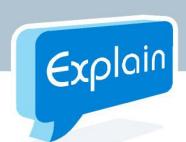
Cancer Awareness Measure (CAM)

NHS Medway





Explain 48 Leazes Park Road Newcastle upon Tyne NET 4PG









Executive Summary

Background

- Kent and Medway Cancer Network (KMCN) commissioned Explain to carry out on-street interviews
 within three PCT areas; NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent in March
 2010, to better understand the level of public knowledge of cancer signs and symptoms and to help
 them plan interventions and campaigns to raise awareness of risk factors
- The following report details the findings from the 1,136 interviews carried out in Medway

Awareness of cancer signs and symptoms

- UNPROMPTED, the key warning signs and symptoms of cancer were lump or swelling (67%), bleeding (24%) and the change in the appearance of a mole (22%)
- When PROMPTED, the key warning signs and symptoms of cancer were unexplained lump or swelling (96%), change in the appearance of a mole (93%), persistent change in bowel or bladder habits (88%) and unexplained bleeding (87%)

Seeking help for cancer symptoms

- The majority of respondents would contact their doctor to make an appointment within one week if they developed 6 of the 9 symptoms listed. 84% of respondents stated that they would make an appointment within one week if they experienced unexplained bleeding and 83% if they noticed an unexplained lump or swelling. 71% would make an appointment within 1 week if they had a change in appearance of a mole
- 81% of respondents stated that if they had a symptom that they thought might be cancer they would contact their doctor to make an appointment within 1 week to discuss it. Of these respondents, 35% stated that they would contact within 1-3 days

Barriers to seeking help

• The main barriers to going to visit a doctor were, worried about what the doctor might find, scared, difficult to make an appointment and worried about wasting a doctors time

Awareness of risk factors

- UNPROMPTED, respondents thought smoking (70%) was the main thing that affects a person's chance of getting cancer. Approximately a quarter of the sample stated drinking alcohol (26%), getting sunburnt/exposure to the sun (25%) and family history/close relative with cancer (25%)
- When PROMPTED, smoking any cigarettes at all, having a close relative with cancer, getting sunburnt
 more than once as a child and exposure to another person's cigarette smoke achieved the highest
 agreement in terms of increasing the chance of getting cancer

Awareness of cancer incidence

 Between 30-36 people out of 100 will develop cancer at some point in their life, 25% of the sample were aware of this.

Most common cancers

- Respondents thought the most common cancer in women was breast followed by cervical and lung
- Respondents thought the most common cancer in men was prostate followed by lung and bowel



Awareness of cancer screening programme

- 81% of respondents were aware of an NHS breast cancer screening programme
 - Of these respondents, two were correct that women are first invited for screening at 47 years of age, although 64% stated between 41 and 50
- 81% of respondents were aware of an NHS cervical cancer screening programme
 - Of these respondents, 42% were correct that women are invited for screening at 25 years of age in England
- 23% of respondents were aware of an NHS bowel cancer screening programme
 - Of these respondents, 41% were correct that people are invited for screening at 60 years of age

Contribution to cancer

• Respondents stated that lifestyle contributes to cancer in the UK the most, followed by genetic inheritance, environment, chance and aging

The following report details the above findings in greater detail. All literal responses can be found in Appendix 1 and a copy of the questionnaire in Appendix 2.



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Introduction

Explain was commissioned by Kent and Medway Cancer Network (KMCN) to carry out a cancer awareness survey within the area. In total, 3,412 on-street interviews were conducted across the three PCT areas; NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent using the cancer awareness measurement (CAM) tool.

Objectives

The main objectives of the research were to better understand the level of public knowledge of cancer signs and symptoms and to help KMCN plan interventions and campaigns to raise awareness of risk factors. The results will also provide KMCN with information to benchmark against in the future.

The topics assessed in the CAM included: awareness of warning signs, anticipated delay in seeking medical help, barriers to seeking medical help, awareness of risk factors, risk factor ranking, awareness of incidence, awareness of common cancers, and awareness of NHS screening programmes.

Methodology

In total, 3,412 interviews were carried out across the three PCT areas; NHS Medway, NHS West Kent and NHS Eastern and Coastal Kent. The breakdown is shown below.

PCT Area	Number of interviews
NHS Medway	1,136
NHS Eastern and Costal Kent	1,161
NHS West Kent	1,115
Total	3,412

Interviews were carried out using MRS trained researchers, who were set quotas to ensure a representative mix of ages, socio-economic groupings (SEG's), genders and ethnic groups were achieved, in-line with PCT population statistics.

A copy of the questionnaire can be found in Appendix 2 and all returned questionnaires were entered into Mercator SNAP version 10.0 and verified.

Notes on Analysis

'No replies' have not been included in the analysis; therefore the sample sizes fluctuate from question to question, as some respondents didn't feel that they could answer every question. If a chart shows 0%, this shows that at least one respondent selected this option although not enough to represent 1% or higher.



Respondents represent only samples of total populations, so we cannot be certain that the figures obtained are exactly those we would have if everybody had taken part (i.e. the "true values").

However, we can predict the variation between the sample results and the true values from knowledge of the size of the samples on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is 95% - that is, the chances are 95 in 100 that the true value will fall within a specified range (95% confidence interval).

A sample size of 1,136 would give an error rating of \pm -3%.



Results

The following report details the findings from the interviews carried out in Medway. In total 1,136 on-street interviews were carried out in the NHS Medway PCT area.

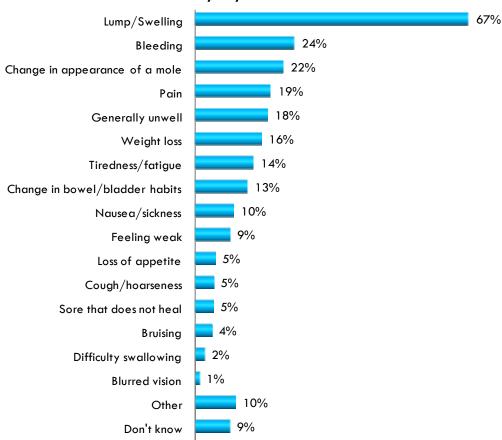
In order to complete the 1,136 interviews, 4,325 people were approached (26% conversion rate). All researchers carried out their interviews on-street, although a number (18%) also carried out interviews door-to-door.

Awareness of cancer signs and symptoms

The first set of questions were about warning signs of cancer.

Respondents were asked if they could think of any warning signs or symptoms of cancer.

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

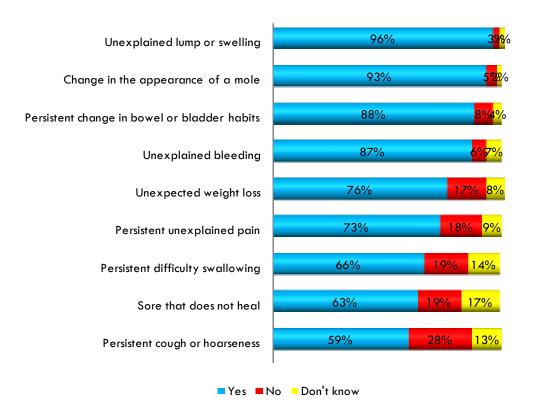


67% of respondents stated lump or swelling could be a warning sign of cancer. A further 24% stated bleeding and 22% the change in the appearance of a mole.



Respondents were informed that the following list may or may not be warning signs of cancer and were asked which ones they thought were.

Do you think the following could be a sign of cancer?



The majority of respondents (59% - 96%) stated that all of the above are warning signs of cancer.

96% of respondents stated that an unexplained lump or swelling could be a sign of cancer and 93% the change in appearance of a mole.

Over a quarter of the sample (28%) didn't think a persistent cough or hoarseness could be a sign of cancer.

Results for the above question were very similar when split by gender and age, although a slightly lower percentage of respondents aged 16-24 thought the symptoms could be signs of cancer.

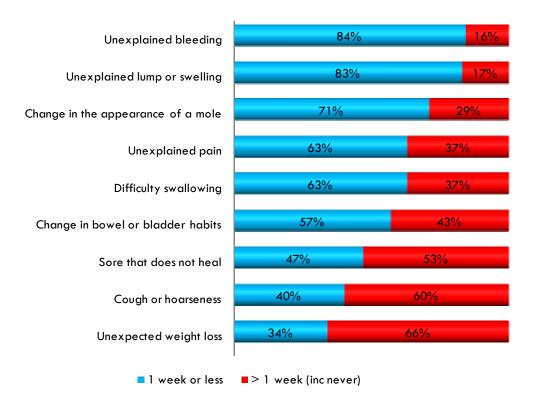


Seeking help for cancer symptoms

Respondents were asked if they noticed any of the following signs, how soon would they contact their doctor to make an appointment to discuss it.

Respondents were given eleven different time categories. The chart below shows results split into two time categories – 1 week or less and more than 1 week. Full data tables for this question can be seen in Appendix 3.

If you noticed any of the following how soon would you contact your doctor to make an appointment to discuss it?



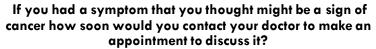
The majority of respondents stated that that they would make an appointment with their doctor within 1 week if they noticed six of the nine warning signs.

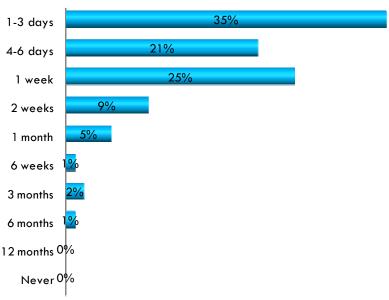
84% of respondents stated that they would make an appointment with their doctor within 1 week if they experienced unexplained bleeding and 83% if they noticed an unexplained lump or swelling. A further 71% would contact their doctor within 1 week if they noticed a change in the appearance of a mole.

Under half of the sample stated that they would make an appointment with their doctor within 1 week if they had a sore that does not heal (47%), cough or hoarseness (40%) or unexpected weight loss (34%).



Respondents were then asked if they had a symptom that they thought might be cancer how soon would they contact their doctor to make an appointment to discuss it.





The majority of respondents (81%) stated that if they had a symptom that they thought might be cancer they would contact their doctor to make an appointment to discuss it within 1 week. Of these respondents, 35% stated that they would contact their doctor within 1-3 days and 21% between 4-6 days.

41 (4%) respondents stated that they would wait three months or longer before contacting their doctor.

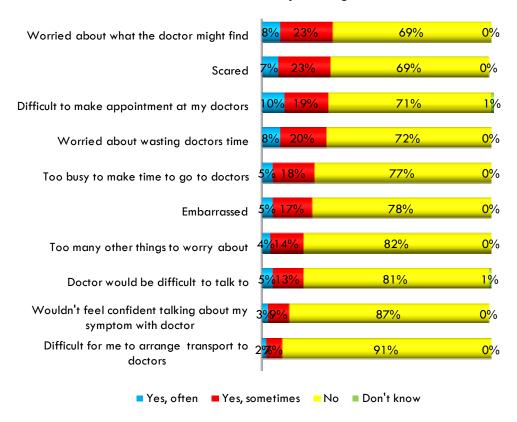


Barriers to seeking help

The next section relates to barriers that may stop people from seeking help.

Respondents were shown a list of potential reasons as to why people put off going to see their doctor and asked if any might put them off.

Barriers to help-seeking



31% of respondents stated that they put off going to see their doctor often or sometimes because they are worried about what the doctor might find. A further 30% stated scared and 29% difficult to make an appointment.

28% of respondents stated that they are often or sometimes worried they are wasting doctor's time.

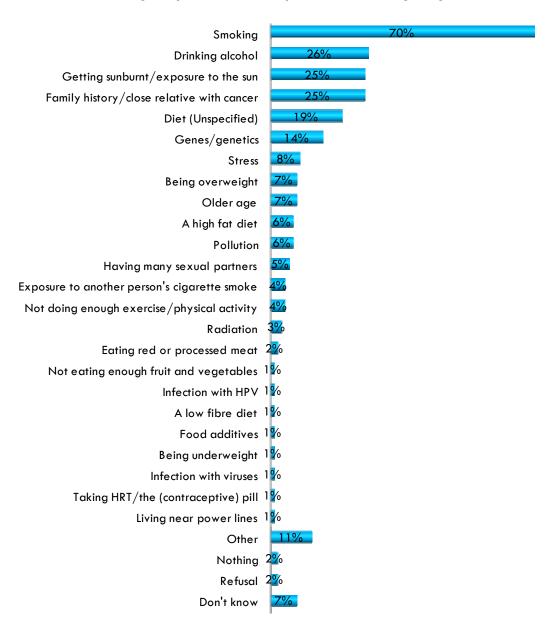
Of those 41 respondents that stated in the previous question that they would wait three months or longer before contacting their doctor if they thought they had a symptom of cancer, the key barriers preventing them from making an appointment were scared (22/41), embarrassed (20/41), worried about wasting doctors time (19/41) and worried about what the doctor might find (19/41).



Awareness of risk factors

Respondents were asked unprompted what things may affect a person's chances of getting cancer.

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

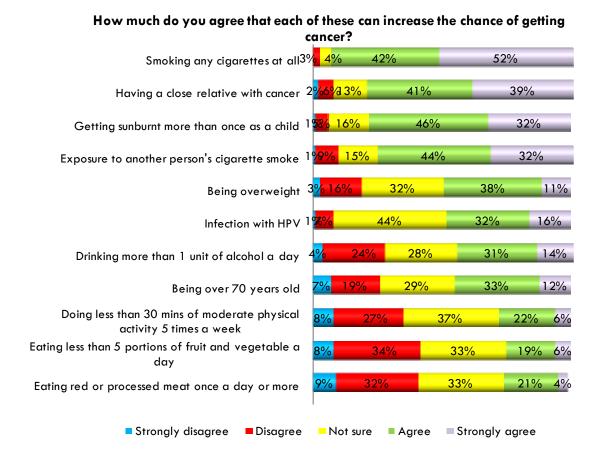


When asked what things affect a person's chance of getting cancer, the majority of respondents (70%) stated smoking.

Drinking alcohol (26%), getting sunburnt/exposure to the sun (25%) and family history/close relative with cancer (25%) were also mentioned a number of times.



Respondents were then asked on a scale of 1 to 5, where 1 was strongly disagree and 5 strongly agree, for their level of agreement that each of the following can increase the chance of getting cancer.

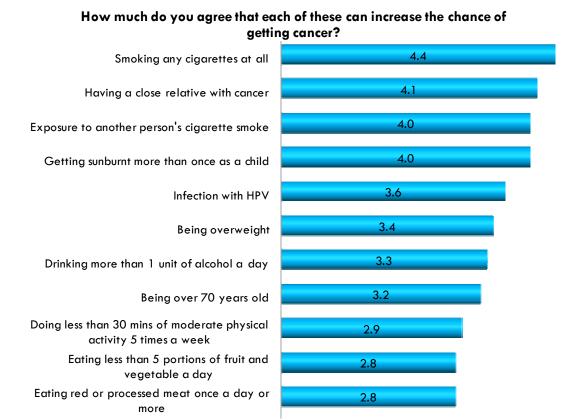


94% of respondents either agreed or strongly agreed that smoking cigarettes can increase the chance of getting cancer. Having a close relative with cancer (80%), getting sunburnt as a child (78%) and exposure to another person's smoke (76%) also achieved high combined agreement.

In terms of disagreement, 41% of respondents disagreed or strongly disagreed that eating red or processed meat once a day or more can increase the chance of getting cancer. Eating less than five portions of fruit and vegetables a day (42%) and doing less than 30 minutes of moderate physical activity 5 times a week (35%) also achieved high combined disagreement.



The chart below shows the above results using a mean score, where 1 was strongly disagree and 5 strongly agree.



As the chart above shows, respondents agreed that smoking any cigarettes can increase the chance of getting cancer (4.4). Having a close relative with cancer (4.1), exposure to another person's cigarette smoke (4.0) and getting sunburnt as a child (4.0) all achieved a mean score of 4.0 or above.



Awareness of cancer incidence

Respondents were shown a picture of 100 people and asked how many of these they thought would develop cancer at some point in their life.

30% 25% 10% 9% 8% 1% 0-20 21-29 30-36 37-40 41-60 61-80 81-100

Out of 100 people, how many do you think will develop cancer?

As the chart above shows, just under half of the sample (44%) thought between 21 and 40 people out of 100 will develop cancer at some point in their life.

Approximately 30-36 people out of 100 will develop cancer at some point in their lives. 25% of respondents were correct with their response.



Most common cancers

Respondents were asked unprompted, what the three most common cancers were in women and men.

The table below shows the results for women.

		Women				
	Most common	Second most common	Third most common			
Breast	74%	20%	3%			
Cervical/cervix	17%	33%	7%			
Lung	2%	10%	18%			
Ovarian	2%	8%	4%			
Bowel/colorectal/rectal	1%	5%	13%			
Skin	1%	6%	15%			
Uterus/endometrial/womb	1%	4%	1%			
Brain	-	-	1%			
Leukaemia	-	-	1%			
Liver	-	-	1%			
Melanoma	-	-	1%			
Non-Hodgkin's lymphoma	-	-	1%			
Stomach	-	1%	2%			
Throat	-	1%	2%			
Other	-	1%	1%			
Don't know	1%	9%	27%			

The most common cancer in women is breast cancer. 74% of respondents were correct in their response. Respondents thought cervical/cervix and lung cancer were the next most common cancers in women.



The table below shows the results for men.

		Men	
	Most common	Second most common	Third most common
Prostate	41%	15%	6%
Testicular	20%	14%	6%
Lung	19%	25%	22%
Bowel/colorectal/rectal	11%	19%	17%
Pancreatic	1%	1%	1%
Skin	1%	3%	5%
Stomach	1%	1%	3%
Brain	-	1%	1%
Breast	-	2%	2%
Liver	-	1%	2%
Oral/mouth/oropharynx/lips/tongue	-	1%	1%
Throat	-	2%	4%
Other	-	1%	1%
Don't know	5%	13%	27%

The most common cancer in men is prostate cancer. Just under half of respondents (41%) were correct in their response. Respondents thought lung and bowel/colorectal/rectal were the next most common cancers in men.

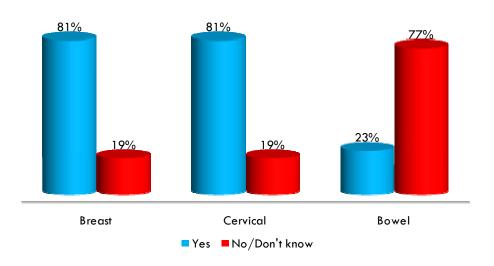


Awareness of cancer screening programmes

The following section is about NHS screening programmes.

Respondents were asked if there was a screening programme for breast cancer, cervical cancer and bowel cancer.

Awareness of NHS screening programmes



81% of respondents stated that there is a NHS cervical cancer and breast cancer screening programme. However, fewer respondents were aware of a bowel cancer screening programme (23%).

As expected, a higher percentage of female respondents were aware of the NHS breast screening programme (86% vs 75%) and NHS cervical cancer screening programme (90% vs 70%) compared to males. A slightly higher percentage of females were also aware of the NHS bowel cancer screening programme (24% vs 22%).

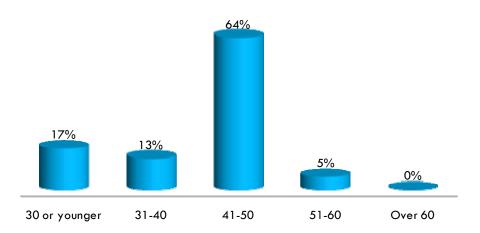
The table below shows awareness of the screening programmes by age. Awareness of the breast screening programme was lower amongst respondents aged 16-24. Awareness of the bowel screening programme was much higher amongst respondents aged 55+ and very low amongst respondents 16-24.

		Awaren	ess of scree	ening progra	ımme	
	16-24	25-34	35-44	45-54	55-64	65+
Breast	68%	74%	78%	91%	87%	91%
Cervical	75%	84%	82%	87%	79%	76%
Bowel	10%	17%	17%	21%	40%	41%



Those respondents that were aware of the screening programmes above were asked at which age people are first invited for screening.

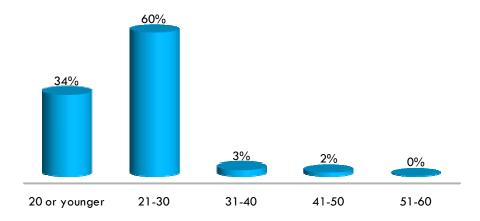
At what age are women first invited for breast cancer screening?



Of the 921 respondents that were aware of the breast screening programme, 714 provided an age when woman are first invited for breast cancer screening. Of these respondents, over half of the sample (64%) stated between 41 and 50 years old and 17% stated 30 or younger.

Women are first invited to breast cancer screening at 47 years of age. Of those respondents that stated an age, two stated 47.

At what age are women first invited for cervical cancer screening?

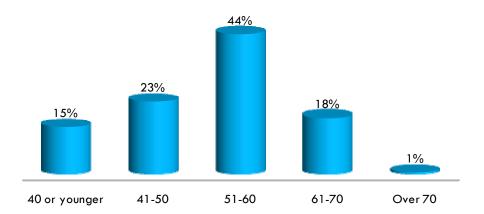


Of the 919 respondents that were aware of the cervical screening programme, 716 provided an age when woman are first invited for cervical cancer screening. Of these respondents, over half of the sample (60%) stated between 21 and 30 years old and approximately a third (34%) stated 20 or younger.

Women are first invited to cervical cancer screening at the age of 20 in Scotland, Wales and Northern Ireland and 25 in England. 14% of respondents stated 20 years old and 42% 25 years old.



At what age are people first invited for bowel cancer screening?



Of the 262 respondents that were aware of the bowel screening programme, 175 provided an age when people are first invited for bowel cancer screening. Of these respondents, just under half of the sample (44%) stated between 51 and 60 years old and just under a quarter (23%) stated between 41 and 50 years old.

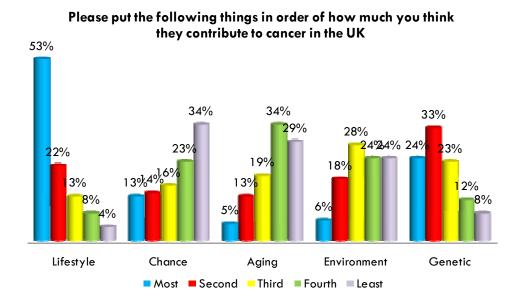
People are first invited to attend colorectal (bowel) cancer screening at 60 years of age. 41% of respondents were correct with their response.



Contribution to cancer

Respondents were asked to put the following things in order of how much they thought they contribute to cancer in the UK.

- Lifestyle
- Chance
- Aging
- Environment
- Genetic inheritance



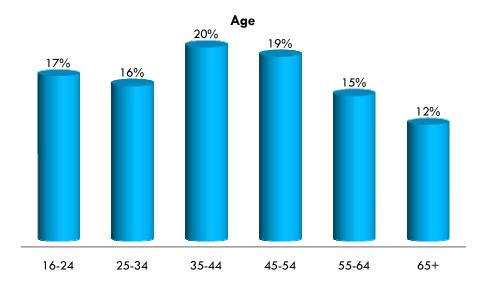
Whilst there is no correct answer for the above question, medical scientists believe that up to 50% of cancers can be prevented by changes in lifestyle, and also that the other four factors can play a role in cancer development. Results from the research have generated a similar result.

Lifestyle was believed to contribute the most towards cancer, followed by genetic, environment and chance. Out of the five factors, aging was said to contribute the least.

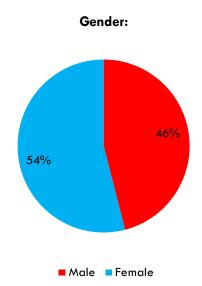


Demographics

The following charts show the profile of respondents.



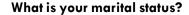
The chart above shows respondents broken down by age.

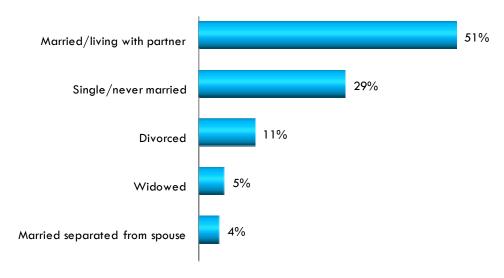


The chart above shows 54% of the sample were female and 46% male.



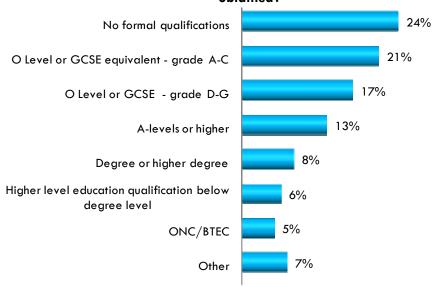
21





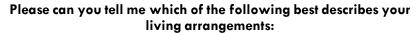
The chart above shows respondents by marital status. Over half of the sample (51%) were married/living with partner and 29% single/never married.





The chart above shows respondents split by the highest level of education qualification they have obtained.

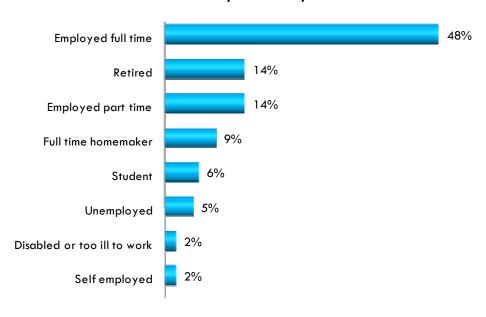






The chart above shows respondents split by their current living arrangements.

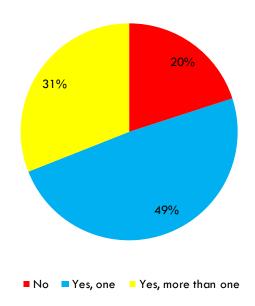
Are you currently:



The chart above shows respondents by current employment.

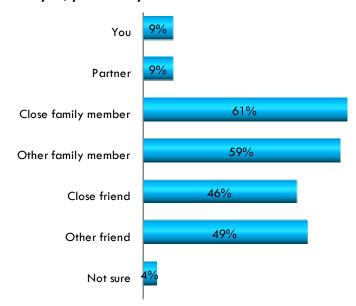






The chart above shows that 80% of the sample owned at least one car.

Have you, your family or close friend had cancer?



Respondents were asked if they, a family member or a close friend had cancer. 9% of respondents stated that they had cancer and 9% their partner. Over half of the sample stated that a close family member (61%) had cancer and 59% another family member.

94% of the sample stated that their ethnic group was White-British. English was the main language spoken at home by 99% of respondents.



Appendix 1 - Full Literal Responses



Q1 - There are many warning signs and symptoms of cancer. Please name as many as you can think of? OTHER

- 1 Breathless
- 1 Fall over, 3 General appearance
- 1 Growth, 2 Voice Change
- 1 hair loss
- 1 Yellow skin
- 1.weakness 2.hairloss
- 2 headache
- 2 Immune system not strong
- 2 No functioning properly
- 2- shock
- 2 skin damage
- 2. Inverted Nipples 3. Discharge
- 3 Discharge
- 4 growths
- 4 loss of teeth
- abnormal behaviour
- Abnormal cells
- Aching joints, thirsty and hot mouth
- Aching limbs
- **Balance**
- **Baldness**
- **Blemishes**
- Bloated stomach
- **Bloating**
- **Bloating**
- Blood in water (2)
- Blood pressure
- **Breathing Difficulties**
- Breathing problems
- Breathless (4)
- Brown marks on the skin
- Burning
- Change in skin texture
- Change in skin tone
- Coughing up blood
- **Diabetes**
- Diarrhoea
- Digestion problems
- Discharge (2)
- Face sags
- Facial Marks
- Finding it hard to breath
- Flu like symptoms
- Hair loss (4)



Headaches (10)

Skin discolouration

immune System

In the family

Indigestion

Inward nipples

Itching

Lifestyle

Looking grey

Loss of hair

Lots of different things

Marks

Mood swings

mood swings and headaches

Pale complexion

Paleness

Pill taking

Puckering of skin

Radiation sickness

Shape of breast

Shortness of breath/ discolouration tongue

Skin blemishes

Skin discolouration (4)

Skin pigment

Skin yellowing

Skin rash and high blood pressure

Smears and tenderness

Smell

Swollen Stomach

Temperature

Tenderness

Toilet habit

Tumours

Weight gain

Yellow tinge

Q5 - Barriers to help-seeking - OTHER

Availability of own GP never seem to build a rapport as always different GP

Because I am the mother of twins so I don't have much 'me' time

Don't have a G.P but would find one if developed symptoms

Doctor doesn't pay enough attention to my symptoms

Doctor doesn't take enough care of patients

Don't follow up symptoms because tests are too expensive

GP not helpful. For example, diet. Told me to sort myself and see a female GP only it was hard to get an appointment or told me to go to another branch

Have had cancer in family and treatment has not worked and caused more pain and died anyway



Hypoglycaemia/diabetes runs in the family

I can't talk to male GP's I insist on seeing a women

I don't always get to see the same G.P.

I don't think it is serious enough

I have had cancer twice and do not fancy more treatment I would have to come to terms with it yet again

I have spoken to the doctor and I am disgusted with their responses to my concerns about cancer

I would want to make sure it was a problem before I went to the doctors

If abroad

If I thought I was going to die and had no responsibilities I would rather not know but if I had children I would Just stubborn no need

Lack of empathy

Misdiagnosing symptoms

Need an English trained doctor

Never seeing the same doctor

No faith in the system and has been unable to motivate the doctor.

Not recognising signs regarding present illnesses

Not wanting to know the results

Personal things. Prefer a female but they are not always available

Sarcastic receptionist staff questioning whether it is urgent or not

Sometimes people can't get to the doctors so they tell their family instead

The appointment system is often re-scheduled

The checkups and diagnosis do not like initial checkups

The cure is worse than the disease

The doctor is intolerant of other opinions and it is also very difficult to get a quick appointment

The fact you cannot always understand what they say to you

The language difference

The notice in the surgery states a maximum of 5 minutes consultation only

The reception is to noisy it is not a privet enough place

The response of the doctor seems to be relative to the strength and the budget and willingness to spend

The thought of radiation treatment and losing my hair

Thinking I couldn't explain why it had occurred

Q9 - What do you think is the most common cancer in woman OTHER

Stress related

Glands

Vaginal

Q10 - What do you think is the second most common cancer in woman OTHER

Bone (6)

Eye

Heart

Terminal

Vaginal (4)



Q11 - What do you think is the third most common cancer in woman OTHER
Bone (10)
Hodgkin's
Vagina
Q13 - What do you think is the second most common cancer in men OTHER
Bone (4)
Heart (2)
Q14 - What do you think is the third most common cancer in men OTHER
Bone (6)
Head
Heart (3)
Hodgkin's
Urinal



Appendix 2 - Questionnaire



Cancer Research UK - Cancer Awareness Measure (CAM)

Good morning/afternoon, my name is.... I am carrying out market research for Explain on behalf of The Kent and Medway Cancer Network to better understand the level of public knowledge of cancer signs and symptoms to help us plan interventions and campaigns to raise awareness of risk factors. Do you have a few minutes to answer some questions?

Q1	UNPROMPTED - There are many warning signs a	ınd symptoms of	cancer. Please name as many as	s you can think of.
	Pain Change appear Bleeding Sore the heal Change in Weight bowel / bladder habits	ance at does not t loss ss/fatigue	Nausea/sickness Generally unwell Bruising Loss of appetite Blurred vision	Feeling unwell Other (Please state below) Nothing Refusal Don't know
Q2	The following may or may not be warning signs following are warning signs for cancer? Do you think an unexplained lump or swelling could be a sign of cancer	for cancer. We a	re interested in your opinion. Do	you think any of the Don't know
	Do you think a persistent unexplained pain could be a sign of cancer			
	Do you think unexplained bleeding could be a sign of cancer			
	Do you think a persistent cough or hoarseness could be a sign of cancer			
	Do you think a persistent change in bowel or bladder habits could be a sign of cancer			
	Do you think persistent difficulty swallowing could be a sign of cancer			
	Do you think a change in the appearance of a mole could be a sign of cancer			
	Do you think that a sore that does not heal could be a sign of cancer			
	Do you think unexpected weight loss could be a sign of cancer			

Q3	RESEARCHER TO PROMPT WITH SHOWCA			-			_	-				544
	If you noticed an <u>unexpected lump or</u> <u>swelling</u> how soon would you contact your	<i>A</i>	В		D	<i>E</i>	F	G	Н			
	doctor to make an appointment to discuss it? If you had <u>unexplained pain</u> how soon would you contact your doctor to make an appointment to discuss it?											
	If you had <u>unexplained bleeding</u> how soon would you contact your doctor to make an appointment to discuss it?											
	If you had a cough or hoarseness how soon would you contact your doctor to make an appointment to discuss it?											
	If you noticed a change in bowel or bladder habits how soon would you contact your doctor to make an appointment to discuss it?											
	If you had <u>difficulty swallowing</u> how soon would you contact your doctor to make an appointment to discuss it?											
	If you noticed a change in the appearance of a mole how soon would you contact your doctor to make an appointment to discuss it?											
	If you had a sore that did not heal how soon would you contact your doctor to make an appointment to discuss it?											
	If you had <u>unexpected weight loss</u> how soon would you contact your doctor to make an appointment to discuss it?											
Q4	RESEARCHER TO PROMPT WITH SHOWCA If you had a symptom that you thought mig appointment to discuss it:											
	A B C D	E		F [G		н [] /		J [DF	<
Q5	RESEARCHER TO PROMPT WITH SHOWC/ seeking help. Sometimes people put off go serious. These are some of the reasons per the doctor?	ing to ople g	see the	docto	r, even w	hen th you sa	ey have ay if any	a symp	tom tha e might	at they the put you	ink cou	ıld be ng to
	I would be too embarrassed				ĺ]			
	I would be too scared		Ħ.]		一一	
	I would be worried about wasting the doctor's time											
	My doctor would be difficult to talk to											
	It would be difficult to make an appointment with my doctor]			
	I would be too busy to make time to go to the doctor											
	I have too many other things to worry about											
	It would be difficult for me to arrange transport to the doctor's surgery											
	I would be worried about what the doctor might find]			
	I wouldn't feel confident talking about my symptom with the doctor											
	Is there anything else that you can think of that might put you off going to the doctor? (Please state below)]			



Smoking		Infection with F		☐ Having	many sexual pa	rtners
Exposure to another person's	🖂) ıgh exercise/physic	Taking	HRT/the (contra	ceptive) pill .
cigarette smoke (passive smok	(ing)		ign exercise/pnysic	iai 🦳	near power lines.	
Drinking alcohol		•	ed)		on	
Not eating enough fruit and vegetables				=	ion	
Eating red or processed meat	\equiv					
,	一					
Being overweight Getting sunburnt/exposure to the						
sun		· ·	eight		g	
Older age		•	s	.,	ı/	
Family history/having a close relative with cancer/hereditary.			riruses (unspecified		now	
RESEARCHER TO PROMPT Vincrease the chance of gettin cancer?		ow much do yo Strongly	u agree that each	of these can incr		
		disagree	Disagree	Not sure	Agree	agre
Smoking any cigarettes at all						
Exposure to another person's c smoke	eigarette					
Drinking more than 1 unit of alc unit of alcohol is one small me spirits, half a pint of lager (3-4% half a small glass (175ml) of wi strength)(asure of % strength) or					
Eating less than 5 portions of fr vegetable a day (a portion is ec- apple, orange, banana or simila- plums or nectarines or similar s- handful of grapes or berries, or of raisins, two serving spoons of vegetables, beans or pulses, or bowl of salad)	quivalent to a ar sized fruit, sized fruit, a ne tablespoor of cooked	2				
Eating red or processed meat of more (Processed meat includes salami, corned beef, sausages,	s bacon, ĥan					
Being overweight (BMI over 25))					
Getting sunburnt more than one	,					
Being over 70 years old						
Having a close relative with car relative means parents, children sisters)	ncer (a close n, brothers o	r 🗆				
Infection with HPV (human pap	oillomavirus)					
Doing less than 30 minutes of r physical activity 5 times a week physical activity includes anyth you warm and slightly out of brisk walking, gardening, danci housework)	k (moderate ing that leave eath such as					
nousework)						



	Most Commo	II Caliceis		
Q9				
	UNPROMPTED - What do you think is the most common cancer in women?			
	UNPROMPTED - What do you think is the second most common cancer in women?			
	UNPROMPTED - What do you think is the third most			
	common cancer in women?			
	UNPROMPTED - What do you think is the most common cancer in men?			
	UNPROMPTED - What do you think is the second most common cancer in men?			
	UNPROMPTED - What do you think is the third most common cancer in men?			
	NHS screening	programmes		
Q10	The next set of questions is about NHS screening programmes Yes	No	Don't know	Refused
	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)?	No	Don't know	Refused
	If yes, at what age are women first invited for cervical cancer screening?			
	Is there an NHS bowel cancer screening programme?	No	Don't know	Refused
	If yes, at what age are people first invited for bowel cancer screening?			



<i>2</i>			
4			
5			
	Demog	raphics	
	2009	ларшоо	
We would now like to ask you a few q	uestions about yourse	elf to ensure we speak	with a cross section of the popul
What is your age?			
16 to 24 25 to 34	35 to 44	45 to 54	55 to 64 65+
RESEARCHER PLEASE RECORD EXAC	CT AGE BELOW:		
RESEARCHER TO PROMPT WITH SHO			
WHITE - White British	=		BRITISH - Pakistani
WHITE - White Irish	=		BRITISH - Bangladeshi BRITISH - Any other Asian
WHITE - Any other White background			
MIXED - White and Black Caribbean		BLACK OR BLACK	BRITISH - Black Caribbean
MIXED - White and Black African		BLACK OR BLACK	(BRITISH - Black African
MIXED - White and Asian		BLACK OR BLACK	(BRITISH - Any other black
MIXED - Any other mixed background		background	
ASIAN OR ASIAN BRITISH - Indian		Chinese	
		Other (please state	below)
What is your marital status?			
Single/never married	Married separated	from spouse	Widowed
Married/living with partner	Divorced	. —	Civil partnership
wanted/wing wan partier	Divorced		Givii paraioisiip
What is the highest level of education of	•		O. 17
Degree or higher degree	ONC/BTEC O Level or GSCE e		Other (Please state below)
qualification below degree level	Grade A-C)		No formal qualifications
A-levels or higher	O Level or GCSE (Grade D-G)	
Please can you tell me which of the foll	lowing best describes	your living arrangem	ent:
	Rent from Local		Squatting
Own outright	Authority/Housing	Association	, •
Own outright	Rent privately	=	Other (i.e. living with family/friends)



Q19	What is your telephone number, again for verification purposes?
Q20	What is your postcode?
Q21	Are you currently: Employed full-time Unemployed Full-time homemaker Student
	Employed part-time Self-employed
	work
Q22	Please state the occupation of the main wage earner in the household? (IF RETIRED: Please state the occupation before retiring)
Q23	Does your household own a car or van?
	No
Q24	Have you, your family or close friends had cancer?
	Yes No
	Partner
	Close family member
	Other family member
	Close friend
	Other friend
	Not sure
	Do not wish to answer
Q25	How many years have you been living in the UK? (IF RESPONDENTS STATES 'ALL MY LIFE' PLEASE PROBE FOR EXAC NUMBER OF YEARS)
	Less than 5 years 11 to 20 years
	5 to 10 years
Q26	What is the main language spoken at home?
	English Sylheti Other (Please state
	Urdu Gujarati Cantonese
Q27	Do we have permission to pass on your details and responses direct to Kent and Medway Cancer Network or would you prefer to remain anonymous?
	Happy for responses to be passed on
	archer Note - Please thank the respondent and close the interview. Please give the respondent a leaflet as provided in you search pack. If the respondent has any queries about symptoms that they have experienced or risk factors that they are concerned about, please advise them to speak to their GP.
000	Outdoo (PEOS APOUS TO CODE)
Q28	Gender (RESEARCHER TO CODE) Male Female
	reilidie
Q29	SEG (RESEARCHER TO CODE)
	AB C1 C2 D E



Q30	Researcher name:
Q31	Location of interview:
Q32	Date of interview:



Appendix 3 - Tables



Q3 - How soon would you contact your doctor to make an appointment to discuss it?	1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
Unexplained lump or swelling	41%	24%	19%	8%	6%	1%	1%	1%	0%	0%
Persistent unexplained pain	18%	19%	25%	18%	9%	4%	2%	1%	1%	1%
Unexplained bleeding	41%	23%	20%	8%	4%	1%	1%	1%	0%	0%
Persistent cough or hoarseness	8%	13%	19%	24%	16%	9%	5%	3%	1%	2%
Persistent change in bowel or bladder habits	16%	18%	23%	21%	13%	4%	2%	1%	1%	1%
Persistent difficulty swallowing	19%	21%	24%	15%	10%	5%	3%	2%	1%	1%
Change in the appearance of a mole	30%	18%	24%	12%	9%	3%	3%	1%	1%	0%
Sore that does not heal	14%	13%	20%	17%	19%	9%	3%	3%	1%	1%
Unexpected weight loss	11%	8%	14%	19%	22%	13%	6%	3%	1%	2%

(Table 1)

