

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. This set of questions is about cancer awareness and should take around 10 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. Do you have a few minutes to answer some questions?

RESEARCHER NOTE:

1. Do **NOT** allow the respondents to see the questions on this survey.
2. For every question it is possible to record the item as 'refused'. Record as 'refused' when the participant actively chooses not to respond.
3. Where appropriate it is possible to record the response 'don't know', please see relevant questions below
4. For all other missing data just leave blank.

A RESEARCHER TO PROMPT WITH SHOWCARD A: Can I please confirm that you live within one of the PCTs highlighted on this map? (RESEARCHER TO REFER TO QUOTA)

NHS Medway ☐ Go to Q1 NHS West Kent ☐ Go to Q1
 NHS Eastern and Coastal Kent..... ☐ Go to Q1 None ☐ Thanks and Close

Q1 UNPROMPTED (DO NOT SHOW THE OPTIONS BELOW TO THE RESPONDENT)

The 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: (PLEASE PROBE WITH 'Anything else?')

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Lump/swelling | <input type="checkbox"/> Difficulty swallowing | <input type="checkbox"/> Nausea/sickness | <input type="checkbox"/> Feeling unwell |
| <input type="checkbox"/> Pain | <input type="checkbox"/> Change in appearance of a mole | <input type="checkbox"/> Generally unwell | <input type="checkbox"/> Other (Please state below) |
| <input type="checkbox"/> Bleeding | <input type="checkbox"/> Sore that does not heal | <input type="checkbox"/> Bruising | <input type="checkbox"/> Nothing |
| <input type="checkbox"/> Cough/hoarseness | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Loss of appetite | <input type="checkbox"/> Refusal |
| <input type="checkbox"/> Change in bowel/bladder habits | <input type="checkbox"/> Tiredness/fatigue | <input type="checkbox"/> Blurred vision | <input type="checkbox"/> Don't know |

Other (Please state)

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

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

Q3 RESEARCHER TO PROMPT WITH SHOWCARD B - The next question is about seeking help.

	A	B	C	D	E	F	G	H	I	J	DK
If you noticed an unexpected lump or swelling how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had unexplained pain how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had unexplained bleeding how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had a cough or hoarseness how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you noticed a change in bowel or bladder habits how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had difficulty swallowing how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had a sore that did not heal how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had unexpected weight loss how soon would you contact your doctor to make an appointment to discuss it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q4 RESEARCHER TO PROMPT WITH SHOWCARD B - The next question is about seeking help for a cancer sign or symptom. If you had a symptom that you thought might be a sign of cancer how soon would you contact your doctor to make an appointment to discuss it:

A ... ☐ B ... ☐ C ... ☐ D ... ☐ E ... ☐ F ... ☐ G ... ☐ H ... ☐ I ... ☐ J ... ☐ DK. ☐

Q5 RESEARCHER TO PROMPT WITH SHOWCARD C - The next set of questions is about what barriers may stop you from seeking help. Sometimes people put off going to see the doctor, even when they have a symptom that they think could 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"/>
Is there anything else that you can think of that might put you off going to the doctor? (Please state below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6

UNPROMPTED (DO NOT SHOW THE OPTIONS BELOW TO THE RESPONDENT)

The next set of questions is about risk factors for cancer. What things do you think affect a person's chance of getting cancer? (PLEASE PROBE WITH 'Anything else?')

Smoking.....

Exposure to another person's cigarette smoke (passive smoking)

Drinking alcohol

Not eating enough fruit and vegetables

Eating red or processed meat.....

Being overweight

Getting sunburnt/exposure to the sun

Older age

Family history/having a close relative with cancer/hereditary

Infection with HPV (human papillomavirus).....

Not doing enough exercise/physical activity

Diet (unspecified).....

A high fat diet.....

A low fibre diet

Food additives

Being underweight

Genes/genetics.....

Infection with viruses (unspecified/other)

Having many sexual partners

Taking HRT/the (contraceptive) pill

Living near power lines

Pollution

Radiation.....

Stress.....

Other.....

Nothing

Refusal.....

Don't know

Q7

RESEARCHER TO PROMPT WITH SHOWCARD D - 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 <i>A unit of alcohol is one small measure of spirits, half a pint of lager (3-4% strength) or half a small glass (175ml) of wine (12% strength)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating less than 5 portions of fruit and vegetable a day <i>(a portion is equivalent to an apple, orange, banana or similar sized fruit, 2 plums or nectarines or similar sized fruit, a handful of grapes or berries, one tablespoon of raisins, two serving spoons of cooked vegetables, beans or pulses, or a dessert bowl of salad)</i>	<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 <i>(Processed meat includes bacon, ham, salami, corned beef, sausages)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being overweight <i>(BMI over 25)</i>	<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 <i>(a close relative means parents, children, brothers or sisters)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection with HPV <i>(human papillomavirus)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing less than 30 minutes of moderate physical activity 5 times a week <i>(moderate physical activity includes anything that leaves you warm and slightly out of breath such as brisk walking, gardening, dancing or housework)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q8

RESEARCHER TO PROMPT WITH SHOWCARD E - The next set of questions is about the incidence of cancer. 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?

RESEARCHER TO RECORD ACTUAL NUMBER (0-100)

Most Common Cancers

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.

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Is there an NHS breast cancer screening programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Is there an NHS cervical cancer screening programme (smear tests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
Is there an NHS bowel cancer screening programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Q11 RESEARCHER TO PROMPT WITH SHOWCARD F - The next set of questions is related to the contribution of different factors to cancer development.

Please put the following things in order of how much you think they contribute to cancer in the UK: (1 BEING MOST IMPORTANT AND 5 BEING LEAST IMPORTANT)

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....

Demographics

We would now like to ask you a few questions about yourself to ensure we speak with a cross section of the population

Q12 What is your age?

16 to 24..... ☐ 25 to 34..... ☐ 35 to 44..... ☐ 45 to 54..... ☐ 55 to 64..... ☐ 65+ ☐

Q13 RESEARCHER PLEASE RECORD EXACT AGE BELOW:

Q14 RESEARCHER TO PROMPT WITH SHOWCARD G - Which of these best describes your ethnic group?

WHITE - White British..... <input type="checkbox"/>	ASIAN OR ASIAN BRITISH - Pakistani <input type="checkbox"/>
WHITE - White Irish <input type="checkbox"/>	ASIAN OR ASIAN BRITISH - Bangladeshi <input type="checkbox"/>
WHITE - Any other White background..... <input type="checkbox"/>	ASIAN OR ASIAN BRITISH - Any other Asian background <input type="checkbox"/>
MIXED - White and Black Caribbean..... <input type="checkbox"/>	BLACK OR BLACK BRITISH - Black Caribbean..... <input type="checkbox"/>
MIXED - White and Black African <input type="checkbox"/>	BLACK OR BLACK BRITISH - Black African <input type="checkbox"/>
MIXED - White and Asian <input type="checkbox"/>	BLACK OR BLACK BRITISH - Any other black background <input type="checkbox"/>
MIXED - Any other mixed background..... <input type="checkbox"/>	Chinese..... <input type="checkbox"/>
ASIAN OR ASIAN BRITISH - Indian <input type="checkbox"/>	Other (please state below)..... <input type="checkbox"/>

Q15 What is your marital status?

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

Q16 What is the highest level of education qualification you have obtained?

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

Q17 Please can you tell me which of the following best describes your living arrangement:

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

Q18 What is your name, this is for verification purposes only?

Q19 What is your telephone number, again for verification purposes?

Q20 What is your postcode?

Q21 Are you currently:

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

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 ☐ Yes, one ☐ Yes, more than one ☐

Q24 Have you, your family or close friends had cancer?

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

Q25 How many years have you been living in the UK? (IF RESPONDENTS STATES 'ALL MY LIFE' PLEASE PROBE FOR EXACT NUMBER OF YEARS)

Less than 5 years <input type="checkbox"/>	11 to 20 years <input type="checkbox"/>	31 to 40 years <input type="checkbox"/>	51 to 60 years <input type="checkbox"/>
5 to 10 years <input type="checkbox"/>	21 to 30 years <input type="checkbox"/>	41 to 50 years <input type="checkbox"/>	61 years + <input type="checkbox"/>

Q26 What is the main language spoken at home?

English <input type="checkbox"/>	Punjabi <input type="checkbox"/>	Sylheti <input type="checkbox"/>	Other (Please state below) <input type="checkbox"/>
Urdu <input type="checkbox"/>	Gujarati <input type="checkbox"/>	Cantonese <input type="checkbox"/>	

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 ☐ Remain anonymous ☐

Researcher Note - Please thank the respondent and close the interview. Please give the respondent a leaflet as provided in your research 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.

Q28 Gender (RESEARCHER TO CODE)

Male ☐ Female ☐

Q29 SEG (RESESEARCHER TO CODE)

AB ☐ C1 ☐ C2 ☐ D ☐ E ☐

Q30 Researcher name:

Q31 Location of interview:

Q32 Date of interview: