

# **Cancer Research UK**

## **Cancer Awareness Measure (CAM)**

### **Toolkit**

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

# Toolkit contents

<b>1. Terms of Use</b> .....	3
<b>2. Instruction Sheet</b> ..... A brief background to the CAM and instructions for how to use it including a description of all the items.	4
<b>3. Cancer Awareness Measure</b> .....	11
<b>4. Demographics Questionnaire</b> .....	24
<b>5. Recruitment Record</b> ..... A record of how the data were collected that should be completed by everyone using the CAM.	27
<b>6. Script for interviews</b> ..... A script for delivering the CAM, designed to train interviewers who will be administering the CAM. Includes instructions about what prompts can be used.	31
<b>7. Response Sheet</b> ..... A sheet to record respondents' answers to the CAM. Questions are numbered and correspond to those in the script and so can be used for training purposes.	48
<b>8. Answer Sheet</b> ..... Provides the correct answers to the CAM (where possible).	65
<b>9. Coding framework for data archive</b> ..... Provides instructions for recording the data of the CAM so that it is suitable for depositing in the data archive.	69
<b>10. Glossary</b> ..... Provides definitions of some frequently used terms.	88
<b>11. SPSS and Excel templates – on request:</b> An SPSS or Excel template with variable names and labels already set up.	

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

## **TERMS OF USE FOR THE CANCER RESEARCH UK CANCER AWARENESS MEASURE**

Please find enclosed/attached the Cancer Research UK Cancer Awareness Measure (“CAM”) a validated survey instrument enabling you to gather cancer awareness data and guidance for its use.

As you can appreciate with a tool such as this it is vital that consistency of approach to data capture is maintained.

Please ensure that your use of the CAM complies with our guidance notes.

Please do not alter the CAM or any of the guidance supplied.

Please ensure that the following notice is included on any copies or partial copies that you make of the CAM or any of the guidance supplied, and in any publication based wholly or partly on its use.

This survey instrument (CAM) was developed by Cancer Research UK, University College London, Kings College London and Oxford University in 2007-08.

You may use the data collected for your own non-commercial purposes.

We would like to see all CAM data lodged in one place for ease of reference to researchers in the future. To facilitate this we have made arrangements with the UK Data Archive, [www.data-archive.ac.uk](http://www.data-archive.ac.uk) to provide a repository for this (tbc). Please ensure that you lodge the data you gather there (more details to follow).

If you have any queries please contact [naedi@cancer.org.uk](mailto:naedi@cancer.org.uk)

# **Cancer Research UK**

## **Cancer Awareness Measure (CAM)**

### **Instruction Sheet**

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

## **CR-UK Cancer Awareness Measure (CAM) - Directions for use**

### **Purpose**

In 2007, the NHS Cancer Reform Strategy published by the Department of Health, emphasised the importance of raising awareness of cancer early warning signs and risk factors within the general population. The Cancer Awareness Measure (CAM) has been designed to provide a comprehensive assessment of cancer awareness in the general population.

### **Evaluation and psychometric status**

The DEVELOPMENT PAPER (in prep) indicates that the CAM has satisfactory internal reliability with Cronbach's alpha above 0.7 for all components apart from awareness of NHS screening programmes (Cronbach's alpha 0.62). Test-retest reliability over a 2 week interval was found to be good, with all correlations above 0.7 except for incidence of common cancers. Item difficulty (Kline, 1993) was assessed and the majority of items in the CAM were answered correctly by more than 20% and less than 80% of respondents. Those items that did not were retained on the basis of content validity (e.g. smoking being a risk factor for cancer, a lump being a warning sign for cancer). In order to ensure construct validity the CAM was completed by 12 cancer experts (GP's, oncologists and CR-UK health information specialists) and 21 university academics from a range of non-medical departments. Cancer experts obtained significantly higher scores than non-medical academics, demonstrating that the CAM is capable of discriminating between those who have high and low levels of cancer awareness. There was also an intervention study in which participants randomly received either an intervention leaflet ("Cancer: The Facts") or a control leaflet ("Recycle to save the environment") to read prior to completing the CAM. Participants who received the intervention leaflet consistently obtained higher awareness scores than those who received the control leaflet. This demonstrates that the CAM is sensitive to increases in cancer awareness.

## **CAM Instructions**

### **Administration**

Currently, the measure can be administered face to face, on the internet, or over the telephone, with certain criteria followed. This measure is not suitable for use as a postal survey because people can look up the answers and change responses on the basis of subsequent questions.

### **Recruitment considerations**

Please record how the sample was recruited using the relevant form (see 'Recruitment Record'), for example, note if flyers were given out or put on notice boards, if GP surgeries were approached etc. Please also record the response rate (how many people were asked to complete the CAM and how many of those agreed to complete it). This information is important when interpreting the results as it gives us an idea of how representative the sample is of the general population and hence whether the results can be considered typical of the general population.

When recruiting your sample, consider the following; you want the sample to be as representative of the general population as possible, consequently you want to sample men and women from different backgrounds and of different ages. If you are targeting a particular group in your area e.g. by ethnicity or socio-economic position, you will need to ensure that your sampling method accurately represents this group. However, the respondents need to be able to understand English. Although we have plans to translate the CAM, it is only available in English at present. We would also like to know how many of the people you invite to complete the CAM refuse to participate and if any people start the questionnaire, but do not finish it. This information is important when analysing and interpreting the data, as again it gives us an idea of how representative the sample is. We would also like you to provide us with all the data you receive, so even if people miss out some of the questions, we would like any information that they provide.

Please describe the area in which the questionnaires were completed by the respondents; for example, was it in a closed office with just the interviewer and the respondent, or was it in a communal coffee area? Was the questionnaire completed face-to-face or over the telephone? This information is important when interpreting the results as it gives us an idea of how many factors could have been influencing the respondent's answers, such as noise levels or confidentiality.

Before you start recruiting your sample, please consider whether and how you will need to obtain informed consent.

### **Demographics**

Please ensure that all participants complete the 'demographics questions' sheet at the end of the interview. This information is needed to ensure that comparisons of different groups, such as different age groups can be made.

## Scoring

Instructions are provided to score each item, along with instructions on how to input the data from the respondents into SPSS or EXCEL (see 'Coding Sheet'). All CAM data will need to be submitted to the UK Data Archive using the coding frame that has been provided.

## Interpretation

The CAM comprises 11 questions with a total of 57 items;

- Warning signs (10 items) (Q1 + Q2)
- Delay in seeking medical help (10 items) (Q3 + Q4)
- Barriers to seeking medical help (11 items) (Q5)
  - Emotional – embarrassed, scared, worried about what the doctor might find, confidence discussing symptom (4 items)
  - Practical – too busy, too many worries, transport (3 items)
  - Service – wasting time, difficulty making appointment, difficulty talking to doctor (3 items)
  - Other – verbatim (1 item)
- Risk factors 12 items (Q6 + Q7)
- Incidence (1 item) (Q8)
- Common cancers (6 items) (Q9)
- NHS screening programme (6 items) (Q10)
  - Knowledge (3 items)
  - Age of first invitation (3 items)
- Risk factor ranking (1 item) (Q11)

## CAM Questions

**Please note it is important that the wording of the questions and answers are not changed.**

### **Q1 – Open warning signs**

*“There are many warning signs and symptoms of cancer. Please name as many as you can think of”<sup>1</sup>*

This is an open question designed to measure how many cancer warning signs a respondent can recall unaided. In face to face interviews this Q1 is always printed on a separate page to Q2 to ensure that respondents' answers are their own and not taken from the list for Q2. Please ensure that the respondent does not see Q2 before they have completed Q1.

### **Q2 – Closed warning signs**

*“The following may or may not be warning signs for cancer. We are interested in your opinion. Do you think X is a warning sign for cancer?”<sup>2</sup>*

These closed questions are designed to measure how many warning signs a respondent can recognise when prompted. The 9 warning signs have been widely publicised in previous awareness campaigns, and were taken from the Cancer Research UK website in 2007.

### **Q3 - Help-seeking**

*“If you noticed X how soon would you contact your doctor to make an appointment to discuss it?”<sup>3</sup>*

This set of questions can be used to measure when an individual would seek help for each of the 9 cancer warning signs listed.

### **Q4 - Seeking help for cancer symptoms**

*“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?”<sup>2</sup>*

---

<sup>1</sup> Question is a modified version of the original: McCaffery, K., Wardle, J. & Waller, J. (2003). Knowledge, attitudes, and behavioural intentions in relation to the early detection of colorectal cancer in the United Kingdom. *Preventive Medicine*, 36, 525-535

<sup>2</sup> Question developed specifically for the Cancer Awareness Measure

<sup>3</sup> Question is a modified version of the original: Jackson, A., Wilkinson C. & Pill, R. (1999). Moles and melanomas - who's at risk, who knows, and who cares? A strategy to inform those at high risk. *British Journal of General Practice*, 49, 199-203



This question can be used to assess when an individual would seek help for a symptom that they thought could be a sign of cancer.

#### **Q5 – Barriers to seeking help**

*“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?”<sup>4</sup>*

The purpose of these closed questions is to examine the potential barriers to help seeking. The barriers can be grouped as emotional barriers, practical barriers and service barriers.

#### **Q6 – Open risk factors**

*“What things do you think affect a person’s chance of getting cancer?”<sup>2</sup>*

This is an open question designed to measure how many cancer risk factors a respondent can recall unaided. In face to face interviews Q6 is always printed on a separate sheet to Q7 in order to ensure that respondents’ answers are their own and not taken from the list given for Q7. Please ensure that the respondent does not see Q7 before they have completed Q6.

#### **Q7 – Closed risk factors**

*“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?”<sup>2</sup>*

These closed questions are designed to measure a respondent’s level of agreement with the 11 risk factors. As with the warning signs the risk factors have been widely publicised in previous awareness campaigns, and have been taken from the Cancer Research UK website.

#### **Q8 - Incidence**

*“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?”<sup>2</sup>*

This is an open question assessing whether people are aware of the life time risk of cancer. We have found the picture to be a useful aid when answering this question.

For interviews conducted over the telephone please omit *“Here is a picture of 100 people”* and replace with *“Please imagine 100 people”*.

#### **Q9 - Most common cancers**

---

<sup>4</sup> Response options derived from: Breast Cancer Care Breast Awareness Survey (2005)

*“What do you think is the most/second most/third most common cancer in women?”<sup>5</sup>*

*“What do you think is the most/second most/third common cancer in men?”<sup>5</sup>*

The purpose of these open questions is to explore whether respondents are aware of the most common cancers in men and women.

#### **Q10 - NHS screening programmes**

*“Is there an NHS X cancer screening programme?”<sup>2</sup>*

*“If yes, at what age are women/men first invited for X cancer screening?”<sup>2</sup>*

This set of questions assesses awareness of NHS screening programmes, and the age at which people are first invited for screening.

#### **Q11 - Contribution to cancer**

*“Please put the following things in order of how much you think they contribute to cancer in the UK”<sup>2</sup>*

This question was included in the awareness measure as we thought it would be useful to explore how controllable respondents believed developing cancer to be (i.e. do people think lifestyle is the main contributor, or do they believe it is it largely due to chance/genetics).

---

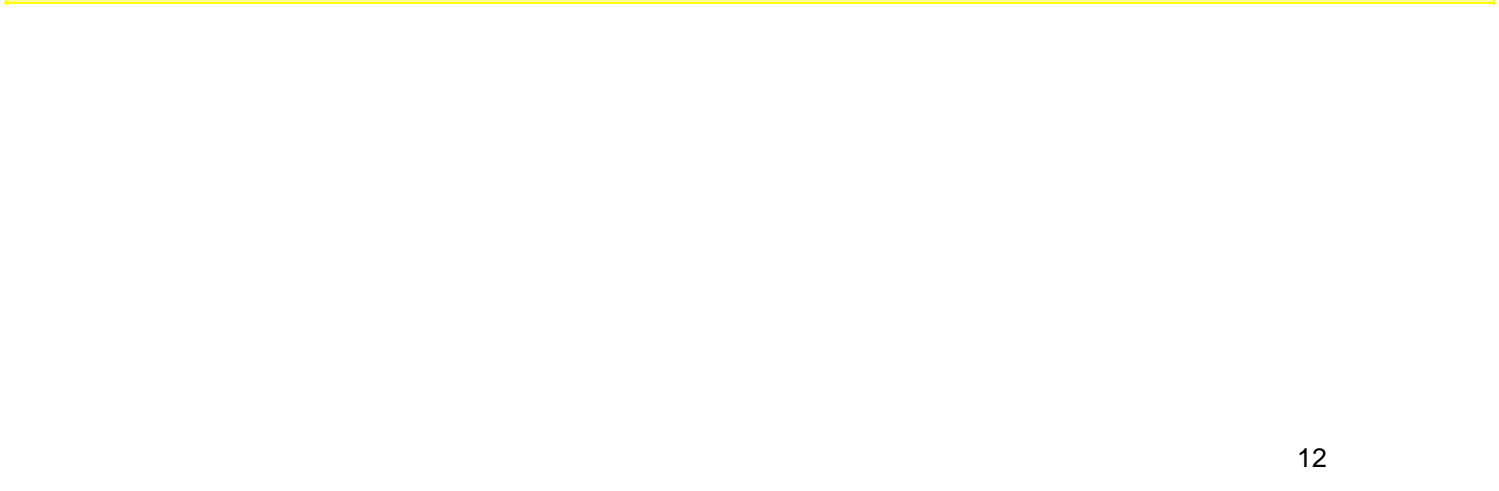
<sup>5</sup> Question is a modified version of the original: Adlard, A. W. & Hume, J. W. (2003). Cancer knowledge of the general public in the United Kingdom: survey in a primary care setting and review of the literature. *Clinical Oncology*, 15, 174-180

# **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:**

A large yellow rectangular area intended for the user to write down as many warning signs and symptoms of cancer as they can think of. The area is currently blank.

**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"/>

If you noticed an unexplained lump or swelling 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
<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?

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
<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?

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
<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?

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
<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?

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
<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?

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
<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?

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
<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?

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
<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 weight loss 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
<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 symptom that you thought might be a sign of cancer 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



**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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, at what age are women first invited for breast cancer screening? _____			<input type="checkbox"/>
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? _____			<input type="checkbox"/>
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? _____			<input type="checkbox"/>

**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 higher	<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	

# **Cancer Research UK**

## **Cancer Awareness Measure (CAM)**

### **Recruitment Record**

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

How many participants did you recruit?

\_\_\_\_\_

Please record all of the methods you used (e.g. electoral registry, door – to – door, shopping centre, GP practice, hospitals) to recruit your participants in the space below:

How many people did you approach to complete the CAM?

\_\_\_\_\_

How many people agreed to complete the CAM?

\_\_\_\_\_

How many participants started to complete the CAM but did not complete it?

\_\_\_\_\_

Were the interviews completed over the telephone, face to face, or on the internet?

Over the telephone  Number of interviews.....

Face to face  Number of interviews.....

Internet  Number of interviews.....

Over what time period were the interviews carried out?

From: \_\_\_\_\_(dd/mm/yyyy) to: \_\_\_\_\_(dd/mm/yy)

If the interviews were conducted face to face where did you conduct the interviews?  
Please record all of the places that were used in the space below:

If the interviews were conducted face to face how many other people were in the room while the interview was being carried out?

0- 1

More than 1

# **Cancer Research UK**

## **Cancer Awareness Measure (CAM)**

### **Script**

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

## Introduction

This script is intended for use **during training** of how to administer the CAM. It should not be necessary to use this script once the interviewer is familiar with the questionnaire and these guidelines.

For all questions: please read out the question to the respondent **exactly** as it is written, if a respondent asks for more details or help, please state that for the purposes of the study you cannot give any prompts or explanations, remind the participant that we are interested in their own thoughts and beliefs and if necessary repeat the question. You can say that you can discuss their queries once the interview is complete.

*The text written in the yellow/shaded boxes is what you should read out to the respondent*

Please read through this script and the instructions before you begin interviewing.

## Start of Questionnaire

*This set of questions is about cancer awareness and should take around 20 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.*

*[OPTIONAL]: These question are being asked on behalf of X PCT*



**Question 1 – Open warning signs**

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*”.

*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*

*Anything else*

**Question 2 – Closed warning signs**

Instructions: Do NOT prompt

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.

<i>The following may or may not be warning signs for cancer. We are interested in your opinion.</i>	
<b>2i</b>	<i>Do you think an unexplained lump or swelling could be a sign of cancer?</i>
<b>a</b>	<i>Yes it could</i>
<b>b</b>	<i>No it could not</i>
<b>c</b>	<i>Don't know/ not sure</i>

Repeat the above format for each subsequent question in this group.

For question 2v the following clarification can also be made:

<b>2v</b>	<i>Do you think a persistent change in bowel or bladder habits could be a sign of cancer? [POINT OF CLARIFICATION]: a change in pooing and weeing</i>
<b>a</b>	<i>Yes it could</i>
<b>b</b>	<i>No it could not</i>
<b>c</b>	<i>Don't know/ Not sure</i>

**Question 3 – Help seeking**

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

<i>The next question is about seeking help</i>	
<b>3i</b>	<i>If you noticed an unexplained lump or swelling, how soon would you contact your doctor to make an appointment to discuss it?</i>
<b>a</b>	<i>1 – 3 days</i>
<b>b</b>	<i>4 – 6 days</i>
<b>c</b>	<i>1 week</i>
<b>d</b>	<i>2 weeks</i>
<b>e</b>	<i>1 month</i>
<b>f</b>	<i>6 weeks</i>
<b>g</b>	<i>3 months</i>
<b>h</b>	<i>6 months</i>
<b>i</b>	<i>12 months</i>
<b>j</b>	<i>Never</i>
<b>k</b>	<i>Don't know (spontaneous only)</i>

Repeat the above format for each subsequent question in this group.

**Q4 - Seeking help for cancer symptom**

Instructions: do NOT give 'don't know' as an option, but record it if the respondent says it spontaneously

<p><i>The next question is about seeking help for a cancer sign or symptom</i></p>	
<b>4i</b>	<i>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?</i>
<b>a</b>	<i>1 – 3 days</i>
<b>b</b>	<i>4 – 6 days</i>
<b>c</b>	<i>1 week</i>
<b>d</b>	<i>2 weeks</i>
<b>e</b>	<i>1 month</i>
<b>f</b>	<i>6 weeks</i>
<b>g</b>	<i>3 months</i>
<b>h</b>	<i>6 months</i>
<b>i</b>	<i>12 months</i>
<b>j</b>	<i>Never</i>
<b>k</b>	<i>Don't know (spontaneous only)</i>

**Question 5 – Barriers to seeking help**

Instructions: only ask about the barriers that are listed

<p><i>The next set of questions is about what barriers may stop you from seeking help</i></p> <p><i>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?</i></p>	
<b>5i</b>	<i>I would be too embarrassed</i>
<b>a</b>	<i>Yes often</i>
<b>b</b>	<i>Yes sometimes</i>
<b>c</b>	<i>No</i>
<b>d</b>	<i>Don't know</i>

Repeat the above format for each subsequent question in this group.

**At the end of this group, it is possible to state an 'Other' barrier, which can be recorded verbatim**

<b>5xi</b>	<i>Is there anything else that you can think of that might put you off going to the doctor?</i>

**Question 6 – Open risk factors**

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 risk factors for cancer please prompt with “*are you sure*” and if necessary “*take a minute to think about it*”.

*The next set of questions is about risk factors for cancer*

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

*Anything else*

**Question 7 – Closed risk factors**

Instructions: do NOT prompt

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.

<i>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?</i>	
<b>7i</b>	<i>Smoking any cigarettes at all</i>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>

**Repeat the above format for each subsequent question in this group.**

For question 7iii, 7iv, 7v and 7vi, 7x, 7xi, 7ix the following clarifications can also be made:

<b>7iii</b>	<i>Drinking more than 1 unit of alcohol a day [POINT OF CLARIFICATION]: A unit of alcohol is one small measure of spirits, half a pint of lager (3-4% strength) or <b>half</b> a small glass (175ml) of wine (12% strength)</i>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>

<b>7iv</b>	<i>Eating less than 5 portions of fruit and vegetables a day [POINT OF CLARIFICATION]: 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>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>



<b>7v</b>	<i>Eating red or processed meat once a day or more [POINT OF CLARIFICATION]: processed meat includes bacon, ham, salami, corned beef, sausages</i>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>

<b>7vi</b>	<i>Being overweight [POINT OF CLARIFICATION]: BMI over 25</i>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>

<b>7ix</b>	<i>Having a close relative with cancer [POINT OF CLARIFICATION]: a close relative means parents, children, brothers or sisters</i>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>

<b>7x</b>	<i>Infection with HPV [POINT OF CLARIFICATION]: Human Papillomavirus</i>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>

<b>7xi</b>	<i>Doing less than 30 minutes of moderate physical activity 5 times a week [POINT OF CLARIFICATION]: moderate physical activity includes anything that leaves you warm and slightly out of breath such as brisk walking, gardening, dancing or housework.</i>
<b>a</b>	<i>Strongly disagree</i>
<b>b</b>	<i>Disagree</i>
<b>c</b>	<i>Not sure</i>
<b>d</b>	<i>Agree</i>
<b>e</b>	<i>Strongly agree</i>

**Question 8 – Incidence**

Interviewer: do NOT prompt

*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?*

**Question 9 – Most common cancers**

Instructions: do NOT prompt

<b>9i</b>	<i>What is the most common cancer in women?</i>
<b>9ii</b>	<i>What is the second most common cancer in women?</i>
<b>9iii</b>	<i>What is the third most common cancer in women?</i>
<b>9iv</b>	<i>What is the most common cancer in men?</i>
<b>9v</b>	<i>What is the second most common cancer in men?</i>
<b>9vi</b>	<i>What is the third most common cancer in men?</i>

**Question 10 – NHS screening programmes**

Instructions: do NOT prompt

<i>The next set of questions is about NHS screening programmes</i>	
<b>10i</b>	<i>Is there an NHS breast cancer screening programme?</i>
<b>a</b>	<i>Yes</i>
<b>b</b>	<i>No</i>
<b>c</b>	<i>Don't know</i>
<b>10ii</b>	<i>[IF YES] At what age are women first invited for breast cancer screening?</i>
<b>10iii</b>	<i>Is there an NHS cervical cancer screening programme?</i>
<b>a</b>	<i>Yes</i>
<b>b</b>	<i>No</i>
<b>c</b>	<i>Don't know</i>
<b>10iv</b>	<i>[IF YES] At what age are women first invited for cervical cancer screening?</i>
<b>10v</b>	<i>Is there an NHS bowel cancer screening programme?</i>
<b>a</b>	<i>Yes</i>
<b>b</b>	<i>No</i>
<b>c</b>	<i>Don't know</i>
<b>10vi</b>	<i>[IF YES] At what age are people first invited for bowel cancer screening?</i>

### Question 11 - Risk Factor Ranking

Instructions: only ask about the factors listed.

*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:***

*Lifestyle, e.g. smoking, diet or physical activity*

*Chance*

*Aging*

*Environment, e.g. pollution or radiation*

*Genetic inheritance e.g. runs in the family*

*Repeat list of factors as necessary*

*If a respondent has any queries about symptoms they have experienced or risk factors that they are concerned about, please advise them to speak to their GP.*

# **Cancer Research UK**

## **Cancer Awareness Measure (CAM)**

### **Response Sheet**

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



### **Instructions**

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

**Question 1 – Open warning signs**

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

**Please write down all of the signs and symptoms of cancer that the respondent mentions in this box**

*Together we will beat cancer*

**Question 2 – Closed warning signs**

*“The following may or may not be warning signs for cancer. We are interested in your opinion. Do you think X is a warning sign for cancer?”*

Please indicate the respondents answer by ticking the appropriate boxes			
	a. Yes	b. No	c. Don't know
2i. Do you think an unexplained lump or swelling could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ii. Do you think persistent unexplained pain could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2iii. Do you think unexplained bleeding could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 iv. Do you think a persistent cough or hoarseness could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2v. 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"/>
2vi. Do you think persistent difficulty swallowing could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2vii. 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"/>

	a. Yes	b. No	c. Don't know
2viii. Do you think a sore that does not heal could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2ix. Do you think unexplained weight loss could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Question 3 – Help seeking**

*“If you noticed X, how soon would you contact your doctor to make an appointment to discuss it?”*

**Please indicate the respondent’s answers by ticking the appropriate boxes**

**3i. If you noticed an unexplained lump or swelling how soon would you contact your doctor to make an appointment to discuss it?**

<b>a. 1-3 days</b>	<b>b. 4-6 days</b>	<b>c. 1 week</b>	<b>d. 2 weeks</b>	<b>e. 1 month</b>	<b>f. 6 weeks</b>	<b>g. 3 months</b>	<b>h. 6 months</b>	<b>i. 12 months</b>	<b>j. Never</b>	<b>k. Don't know</b>
<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"/>

**3ii. If you had unexplained pain how soon would you contact your doctor to make an appointment to discuss it?**

<b>a. 1-3 days</b>	<b>b. 4-6 days</b>	<b>c. 1 week</b>	<b>d. 2 weeks</b>	<b>e. 1 month</b>	<b>f. 6 weeks</b>	<b>g. 3 months</b>	<b>h. 6 months</b>	<b>i. 12 months</b>	<b>j. Never</b>	<b>k. Don't know</b>
<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"/>

**3iii. If you had unexplained bleeding how soon would you contact your doctor to make an appointment to discuss it?**

<b>a. 1-3 days</b>	<b>b. 4-6 days</b>	<b>c. 1 week</b>	<b>d. 2 weeks</b>	<b>e. 1 month</b>	<b>f. 6 weeks</b>	<b>g. 3 months</b>	<b>h. 6 months</b>	<b>i. 12 months</b>	<b>j. Never</b>	<b>k. Don't know</b>
<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"/>

**3iv. If you had a cough or hoarseness how soon would you contact your doctor to make an appointment to discuss it?**

- |                    |                    |                  |                   |                   |                   |                    |                    |                     |                 |                      |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|
| <b>a. 1-3 days</b> | <b>b. 4-6 days</b> | <b>c. 1 week</b> | <b>d. 2 weeks</b> | <b>e. 1 month</b> | <b>f. 6 weeks</b> | <b>g. 3 months</b> | <b>h. 6 months</b> | <b>i. 12 months</b> | <b>j. Never</b> | <b>k. Don't know</b> |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**3v. If you noticed a change in bowel or bladder habits how soon would you contact your doctor to make an appointment to discuss it?**

- |                    |                    |                  |                   |                   |                   |                    |                    |                     |                 |                      |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|
| <b>a. 1-3 days</b> | <b>b. 4-6 days</b> | <b>c. 1 week</b> | <b>d. 2 weeks</b> | <b>e. 1 month</b> | <b>f. 6 weeks</b> | <b>g. 3 months</b> | <b>h. 6 months</b> | <b>i. 12 months</b> | <b>j. Never</b> | <b>k. Don't know</b> |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**3vi. If you had difficulty swallowing how soon would you contact your doctor to make an appointment to discuss it?**

- |                    |                    |                  |                   |                   |                   |                    |                    |                     |                 |                      |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|
| <b>a. 1-3 days</b> | <b>b. 4-6 days</b> | <b>c. 1 week</b> | <b>d. 2 weeks</b> | <b>e. 1 month</b> | <b>f. 6 weeks</b> | <b>g. 3 months</b> | <b>h. 6 months</b> | <b>i. 12 months</b> | <b>j. Never</b> | <b>k. Don't know</b> |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**3vii. 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?**

- |                    |                    |                  |                   |                   |                   |                    |                    |                     |                 |                      |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|
| <b>a. 1-3 days</b> | <b>b. 4-6 days</b> | <b>c. 1 week</b> | <b>d. 2 weeks</b> | <b>e. 1 month</b> | <b>f. 6 weeks</b> | <b>g. 3 months</b> | <b>h. 6 months</b> | <b>i. 12 months</b> | <b>j. Never</b> | <b>k. Don't know</b> |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**3viii. If you had a sore that did not heal how soon would you contact your doctor to make an appointment to discuss it?**

- |                    |                    |                  |                   |                   |                   |                    |                    |                     |                 |                      |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|
| <b>a. 1-3 days</b> | <b>b. 4-6 days</b> | <b>c. 1 week</b> | <b>d. 2 weeks</b> | <b>e. 1 month</b> | <b>f. 6 weeks</b> | <b>g. 3 months</b> | <b>h. 6 months</b> | <b>i. 12 months</b> | <b>j. Never</b> | <b>k. Don't know</b> |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**3ix. If you had unexplained weight loss how soon would you contact your doctor to make an appointment to discuss it?**

- |                    |                    |                  |                   |                   |                   |                    |                    |                     |                 |                      |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|
| <b>a. 1-3 days</b> | <b>b. 4-6 days</b> | <b>c. 1 week</b> | <b>d. 2 weeks</b> | <b>e. 1 month</b> | <b>f. 6 weeks</b> | <b>g. 3 months</b> | <b>h. 6 months</b> | <b>i. 12 months</b> | <b>j. Never</b> | <b>k. Don't know</b> |
|--------------------|--------------------|------------------|-------------------|-------------------|-------------------|--------------------|--------------------|---------------------|-----------------|----------------------|

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------



**Question 4 – Seeking help for cancer symptom**

*“If you had a symptom that you thought might be a sign of cancer how soon would contact your doctor to make an appointment to discuss it?”*

**4i. Please indicate the respondents answer by ticking the appropriate box**

<b>a. 1-3 days</b>	<b>b. 4-6 days</b>	<b>c. 1 week</b>	<b>d. 2 weeks</b>	<b>e. 1 month</b>	<b>f. 6 weeks</b>	<b>g. 3 month s</b>	<b>h. 6 month s</b>	<b>i. 12 month s</b>	<b>j. Never</b>	<b>k. Don't know</b>
------------------------	------------------------	----------------------	-----------------------	-----------------------	-----------------------	-----------------------------	-----------------------------	------------------------------	---------------------	------------------------------

<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"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

**Question 5 – Barriers to seeking help**

*“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?”*

**Please indicate the respondents answers by ticking the appropriate boxes and writing down any response for ‘Other’ (5xi)**

	a. Yes often	b. Yes sometimes	c. No	d. Don't know
5i. I would be too embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5ii. I would be too scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5iii. I would be worried about wasting the doctor's time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5iv. My doctor would be difficult to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5v. It would be difficult to make an appointment with my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5vi. 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"/>
5vii. I have too many other things to worry about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5vii. 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"/>
5ix. I would be worried about what the doctor might find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5x. I wouldn't feel confident talking about my symptom with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5xi Other (please specify)				

**Question 6 – Open risk factors**

*“What things do you think affect a person’s chance of getting cancer?”*

**Please write down all of the risk factors for cancer that the respondent mentions in this box**

**Question 7 – Closed risk factors**

*“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?”*

**Please indicate the respondents answers by ticking the appropriate boxes**

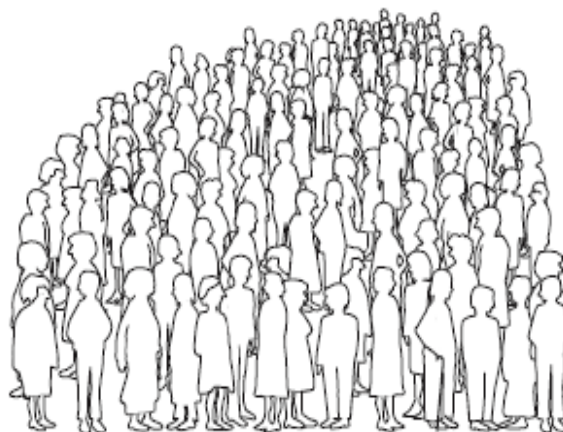
	<b>a. Strongly disagree</b>	<b>b. Disagree</b>	<b>c. Not sure</b>	<b>d. Agree</b>	<b>e. Strongly agree</b>
<b>7i. Smoking any cigarettes at all</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7ii. Exposure to another person’s cigarette smoke</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7iii. Drinking more than 1 unit of alcohol a day</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7iv. Eating less than 5 portions of fruit and vegetables a day</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7v. Eating red or processed meat once a day or more</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7vi. Being overweight (BMI over 25)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7vii. Getting sunburnt more than once as a child</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7viii. Being over 70 years old</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7ix. Having a close relative with cancer</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7x. Infection with HPV (Human Papillomavirus)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	a. Strongly disagree	b. Disagree	c. Not sure	d. Agree	e. Strongly agree
7xi. 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"/>

**Question 8 – Incidence**

*“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?”*

**Please write down the number.**



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

**Question 9 – Most common cancers**

Please indicate the respondent's answers in the relevant boxes

**9i. What do you think is the most common cancer in women?**

**9ii. What do you think is the second most common cancer in women?**

**9iii. What do you think is the third most common cancer in women?**

**9iv. What do you think is the most common cancer in men?**

**9v. What do you think is the second most common cancer in men?**

**9vi. What do you think is the third most common cancer in men?**

**Question 10 – NHS screening programme**

Please indicate the respondent's answers by ticking the appropriate boxes and filling in the ages where appropriate

	a. Yes	b. No	c. Don't know
10i. Is there an NHS breast cancer screening programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10ii. If yes, at what age are women first invited for breast cancer screening? _____			<input type="checkbox"/>
10iii. Is there an NHS cervical cancer screening programme (smear tests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10iv. If yes, at what age are women first invited for cervical cancer screening? _____			<input type="checkbox"/>
10v. Is there an NHS bowel cancer screening programme?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10vi. If yes, at what age are people first invited for bowel cancer screening? _____			<input type="checkbox"/>

Please indicate the order in which the respondent ranks the factors by writing each one in its appropriate space

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

11i. Lifestyle (e.g. smoking, diet, physical activity)

11ii. Chance

11iii. Aging

11iv. Environmental factors (e.g. pollution, radiation)

11v. Genetic inheritance (e.g. runs in the family)

1. \_\_\_\_\_ (Most important)

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_ (Least important)



# Cancer Research UK

## Cancer Awareness Measure (CAM)

### Answer Sheet

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

**This booklet is intended for use in training only. Respondents should not see this booklet.**

**The following gives the correct answers to the questions asked in the CAM.**

**Q1.** *There are many warning signs and symptoms for cancer. Please name as many as you can think of.*

The correct answers to this question are listed in question 2, although there are other warning signs and symptoms and none of the signs and symptoms listed would necessarily be caused by cancer.

**Q2.** *The following may or may not be warning signs for cancer. We are interested in your opinion. Do you think X is a warning sign for cancer?*

The correct answer for this question is that all of the warning signs and symptoms listed could be (but are not necessarily) warning signs for cancer.

**Q3.** *If you noticed X how soon would you contact your doctor to make an appointment to discuss it?*

There are no correct answers to this question.

**Q4.** *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?*

There are no correct answers to this question.

**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?*

There are no correct answers to this question.

**Q6.** *What do you think affects a person's chance of getting cancer?*

The correct answers to this question are listed in question 7, although there are other risk factors and none of the risk factors listed would necessarily lead to cancer.

**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?*

The correct answer for this question is that on average about 30- 36 people out of 100 people will develop cancer.

**Q9.** *What do you think is the most/second/third most common cancer in women?*

The most common cancer in women is breast cancer.

The second most common cancer in women is colorectal (bowel) cancer.

The third most common cancer in women is lung cancer.

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

The most common cancer in men is prostate cancer.

The second most common cancer in men is lung cancer.

The third most common cancer in men is colorectal (bowel) cancer.

**Q10.** *Is there an NHS X cancer screening programme?*

There is an NHS cancer screening programme for breast, cervical and colorectal (bowel) cancer.

*At what age are people first invited for X cancer screening?*

Women are first invited to breast cancer screening between 47 and 53 years of age.

Women are first invited to cervical cancer screening (in Scotland, Wales and Northern Ireland) at age 20 and in England at age 25.

People are first invited to attend colorectal (bowel) cancer screening between 58 – 62 years of age.

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

There is no firm correct answer to this question. Although medical scientists believe that up to 50% of cancers can be prevented by changes in lifestyle, and also that the other four factors can and do play a role in cancer development, the exact extent to which each factor contributes is unknown.

# **Cancer Research UK**

## **Cancer Awareness Measure (CAM)**

### **Coding sheet (for use with SPSS or EXCEL)**

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

Below is a format for recording the data of the CAM so that it is suitable for depositing in the data archive. We are currently making arrangements to deposit the data at the UK Data Archive and will provide instructions on how to do this at a later date.

You can see that as well as numbers for coding the data, we are also providing a set of correct 'variable names' (e.g. **LumpC**). Please use these 'variable names' when recording your data.

For every question it is possible to code data as 'refused'. Use this code when the participant actively chooses not to respond. Where appropriate there is a code for 'don't know', please see relevant questions below. For all other missing data just leave a blank.

Please store the data in either EXCEL or SPSS for transfer to the archive. There is a template EXCEL and SPSS data file available, if you require it.

We have not provided guidance about how the CAM should be scored, but we are happy to give advice and can provide syntax files for coding in SPSS.

Contact details: Dr Alice Simon: [alice.simon@ucl.ac.uk](mailto:alice.simon@ucl.ac.uk)

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

Variable names: SymptomO1 to SymptomO18

- Please create 18 variables labelled 1, 2, 3' etc up to 18. Each symptom must be recorded as a new variable using the coding frame below. For example if the first response is 'weight loss' code as '9' in SymptomO1. If the second response is 'bleeding' code as '3' in SymptomO2 etc
- To code a variable that is not on the list code as 'Other' (code 17) and write the variable verbatim in: SymptomO17 or SymptomO18. This can be done for 2 'other' variables.

Warning sign	Code
Lump/swelling	1
Pain	2
Bleeding	3
Cough/hoarseness	4
Change in bowel/bladder habits	5
Difficulty swallowing	6
Change in appearance of a mole	7
Sore that does not heal	8
Weight loss	9
Tiredness/fatigue	10
Nausea/sickness	11
Generally unwell	12
Bruising	13
Loss of appetite	14
Blurred vision	15
Feeling weak	16
Other	17
Nothing	18
Refusal	98
Don't know	99

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

Question followed by corresponding <b>SPSS/Excel Variable Name</b>	Scoring		
	Yes	No	Don't know
Do you think an unexplained lump or swelling could be a sign of cancer? <b>LumpC</b>	3	2	1
Do you think persistent unexplained pain could be a sign of cancer? <b>PainC</b>	3	2	1
Do you think unexplained bleeding could be a sign of cancer? <b>BleedingC</b>	3	2	1
Do you think a persistent cough or hoarseness could be a sign of cancer? <b>CoughC</b>	3	2	1
Do you think a persistent change in bowel or bladder habits could be a sign of cancer? <b>BowelC</b>	3	2	1
Do you think persistent difficulty swallowing could be a sign of cancer? <b>SwallowingC</b>	3	2	1
Do you think a change in the appearance of a mole could be a sign of cancer? <b>MoleC</b>	3	2	1
Do you think a sore that does not heal could be a sign of cancer? <b>SoreC</b>	3	2	1
Do you think unexplained weight loss could be a sign of cancer? <b>WeightC</b>	3	2	1



If you noticed an unexplained lump or swelling how soon would you contact your doctor to make an appointment to discuss it? **Variable name: LumpTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

If you had unexplained pain how soon would you contact your doctor to make an appointment to discuss it? **Variable name: PainTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

If you had unexplained bleeding how soon would you contact your doctor to make an appointment to discuss it? **Variable name: BleedingTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

If you had a cough or hoarseness how soon would you contact your doctor to make an appointment to discuss it? **Variable name: CoughTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

If you noticed a change in bowel or bladder habits how soon would you contact your doctor to make an appointment to discuss it? **Variable name: BowelTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

If you had difficulty swallowing how soon would you contact your doctor to make an appointment to discuss it?  
**Variable name: SwallowingTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

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? **Variable name: MoleTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

If you had a sore that did not heal how soon would you contact your doctor to make an appointment to discuss it? **Variable name: SoreTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

If you had unexplained weight loss how soon would you contact your doctor to make an appointment to discuss it? **Variable name: WeightTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10

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? **Variable name: CancerSignTime**

1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never
1	2	3	4	5	6	7	8	9	10



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?

Question followed by <b>SPSS/Excel variable name</b>	Scoring			
	Yes often	Yes sometimes	No	Don't know
I would be too embarrassed <b>Embarrassed</b>	4	3	2	1
I would be too scared <b>Scared</b>	4	3	2	1
I would be worried about wasting the doctor's time <b>WorryTime</b>	4	3	2	1
My doctor would be difficult to talk to <b>DifficultTalk</b>	4	3	2	1
It would be difficult to make an appointment with my doctor <b>Appointment</b>	4	3	2	1
I would be too busy to make time to go to the doctor <b>Busy</b>	4	3	2	1
I have too many other things to worry about <b>WorryMany</b>	4	3	2	1
It would be difficult for me to arrange transport to the doctor's surgery <b>Transport</b>	4	3	2	1
I would be worried about what the doctor might find <b>WorryFind</b>	4	3	2	1

Scoring				
Question followed by	Yes often	Yes sometimes	No	Don't know
<b>SPSS/Excel variable name</b>				
I wouldn't feel confident talking about my symptom with the doctor	4	3	2	1
<b>Confident</b>				
Other (please specify) <b>Other</b>	Type in verbatim			

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

**Variable names: RiskO1 to RiskO26**

**Please create 26 variables labelled 1, 2, 3 etc, up to 26. Each risk factor must be recorded as a new variable using the coding frame below. For example if the first response is 'being overweight' code as '6' in RiskO1. If the second response is 'pollution' code as '22' in RiskO2 etc.**

**To code a variable that is not on the list code as 'Other' (code 25) and write the variable verbatim in: RiskO25 or RiskO26. This can be done for 2 'other' variables.**

Risk Factor	Code
Smoking	1
Exposure to another person's cigarette smoke (passive smoking)	2
Drinking alcohol	3
Not eating enough fruit and vegetables	4
Eating red or processed meat	5
Being overweight	6
Getting sunburnt/exposure to the sun	7
Older age	8
Family history/having a close relative with cancer/Hereditary	9
Infection with HPV (human papillomavirus)	10
Not doing enough exercise/physical activity	11
Diet (unspecified)	12
A high fat diet	13
A low fibre diet	14
Food additives	15
Being underweight	16
Genes/genetics	17
Infection with viruses (Unspecified/Other)	18
Having many sexual partners	19
Taking HRT/the (contraceptive) pill	20
Living near power lines	21
Pollution	22

Risk Factor	Code
Radiation	23
Stress	24
Other	25
Nothing	26
Refusal	98
Don't know	99

Question followed by SPSS/Excel variable name	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
Smoking any cigarettes at all <b>SmokingC</b>	1	2	3	4	5
Exposure to another person's cigarette smoke <b>PassiveC</b>	1	2	3	4	5
Drinking more than 1 unit of alcohol a day <b>AlcoholC</b>	1	2	3	4	5
Eating less than 5 portions of fruit and vegetables a day <b>FruitC</b>	1	2	3	4	5
Eating red or processed meat once a day or more <b>MeatC</b>	1	2	3	4	5
Being overweight (BMI over 25) <b>OverweightC</b>	1	2	3	4	5
Getting sunburnt more than once as a child <b>SunburnC</b>	1	2	3	4	5
Being over 70 years old <b>OlderC</b>	1	2	3	4	5
Having a close relative with cancer <b>FamilyC</b>	1	2	3	4	5
Infection with HPV (Human Papillomavirus) <b>HPVC</b>	1	2	3	4	5
Doing less than 30 mins of moderate physical activity 5 times a week <b>ExerciseC</b>	1	2	3	4	5

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

Record the actual number (0-100) that the respondent gave as the answer in the variable name: **Incidence**



Below are the variable names used in Q9, please turn to the next page for the appropriate coding frame that accompanies these variable names.

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

**Variable name: Cancer1F**

**NB To code a variable that is not on the list, code as 'Other' (code '19') and then write the variable verbatim in: 'Cancer1otherF' or in the appropriate 'other' variable field. Further explanation on next page.**

**(Cancer1otherF)**

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

**Variable name: Cancer2F**

**(Cancer2otherF)**

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

**Variable name Cancer3F**

**(Cancer3otherF)**

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

**Variable name: Cancer1M**

**(Cancer1otherM)**

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

**Variable name: Cancer2M**

**(Cancer2otherM)**

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

**Variable name: Cancer3M**

**(Cancer3otherM)**

**CODING FRAME ON NEXT PAGE**

**Data archive:** Please use the coding frame for men and women below for transfer to the data archive. Example: If the response for the ‘most’ common cancer in women is ‘lung cancer’ place code ‘9’ under variable name **Cancer1F**.

**Code a response that is not on the list code as ‘Other’ (code ‘25’) and write the variable verbatim in: Cancer1otherF or in the appropriate ‘other’ variable field.**

Cancer type	Code
Bladder	1
Bowel/colorectal/rectal	2
Brain	3
Breast	4
Cervical/cervix	5
Kidney	6
Leukaemia	7
Liver	8
Lung	9
Lymphoma	10
Melanoma	11
Mesothelioma (protective lining of the lung, stomach, heart)	12
Multiple myeloma	13
Non-Hodgkin’s lymphoma	14
Oesophagus/gullet/food pipe	15
Oral/mouth/oropharynx/lips/tongue	16
Ovarian	17
Pancreatic	18
Prostate	19
Skin	20
Stomach	21
Testicular	22
Throat	23
Uterus/endometrial/womb	24
Other	25
Refusal	98
Don’t know	99

<p>Is there an NHS breast cancer screening programme?</p> <p><b>Variable name: BreastScreening</b></p> <p>If yes, at what age are women first invited for breast cancer screening? _____</p> <p>For the <b>age</b> component of this question, please record the <b>actual age</b> the respondent gave as the answer in the variable name.</p> <p><b>Variable name: BreastAge</b></p>	<p>Yes</p> <p>3</p>	<p>No</p> <p>2</p>	<p>Don't know</p> <p>1</p>
<p>Is there an NHS cervical cancer screening programme (smear tests)?</p> <p><b>Variable name: CervicalScreening</b></p> <p>If yes, at what age are women first invited for cervical cancer screening? _____</p> <p>For the <b>age</b> component of this question, please record the <b>actual age</b> the respondent gave as the answer in the variable name</p> <p><b>Variable name: CervicalAge</b></p>	<p>Yes</p> <p>3</p>	<p>No</p> <p>2</p>	<p>Don't know</p> <p>1</p>
<p>Is there an NHS bowel cancer screening programme?</p> <p><b>Variable name: BowelScreening</b></p> <p>If yes, at what age are people first invited for bowel cancer screening? _____</p> <p>For the <b>age</b> component of this question, please record the <b>actual age</b> the respondent gave as the answer in the variable name</p> <p><b>Variable name BowelAge</b></p>	<p>Yes</p> <p>3</p>	<p>No</p> <p>2</p>	<p>Don't know</p> <p>1</p>
<p>Age in years</p>	<p>Age in years</p>	<p>Refused</p> <p>988</p>	<p>Don't know</p> <p>999</p>
<p>Age in years</p>	<p>Age in years</p>	<p>Refused</p> <p>988</p>	<p>Don't know</p> <p>999</p>
<p>Age in years</p>	<p>Age in years</p>	<p>Refused</p> <p>988</p>	<p>Don't know</p> <p>999</p>

**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)

**Data archive:** Please use the following coding frame for transfer to the data archive –

Contributing factor	Corresponding variable name in EXCEL/SPSS data file	Code				
		Most	Second	Third	Fourth	Least
11i. Lifestyle	<b>Lifestyle</b>	1	2	3	4	5
11ii. Chance	<b>Chance</b>	1	2	3	4	5
11iii. Aging	<b>Aging</b>	1	2	3	4	5
11iv. Environment	<b>Environment</b>	1	2	3	4	5
11v. Genetic inheritance	<b>Genetic</b>	1	2	3	4	5

Demographic Questions – Coding

**1. What is your age?**

**Variable name: Age**

**2. What is your gender?**

**Variable name: Gender**

Male	Female
1	2

**3. Which of these best describes your ethnic group?**

**Variable name: EthnicGroup**

**To code an ethnic group that is not on the list code as ‘Other’ (code 16) and write the variable verbatim in: OtherEthnic**

White		Mixed		Asian or Asian British		Black or Black British		Chinese/other	
White British	1	White and Black Caribbean	4	Indian	8	Black Caribbean	12	Chinese	15
White Irish	2	White and Black African	5	Pakistani	9	Black African	13	Other.....	16
Any other White background	3	White and Asian	6	Bangladeshi	10	Any other Black background	14		
		Any other Mixed background	7	Any other Asian background	11				

**4. What is your marital status?**  
**Variable name: MaritalStatus**

Single/never married	Married/living with partner	Married separated from spouse	Divorced	Widowed	Civil partnership
1	2	3	4	5	6

**5. What is the highest level of education qualification you have obtained?**  
**Variable name: HighestEducation**  
**To code an ethnic group that is not on the list code as 'Other' (code 7) and write the variable verbatim in: OtherEducation**

1 Degree or higher degree	5 O Level or GCSE equivalent (Grade A - C)
2 Higher education qualification below degree level	6 O Level or GCSE (Grade D - G)
3 A-levels or higher	7 Other .....
4 ONC/BTEC	8 No formal qualifications

**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)
1	2	3	4	5	6

**7. What is your Postcode?**  
**Variable name: Postcode**  
 Please record the respondents postcode by writing it in the variable field labelled Postcode

**8. Are you currently:**  
**Variable name: Employed**

1 Employed full-time	5 Full-time homemaker
2 Employed part-time	6 Retired
3 Unemployed	7 Student
4 Self-employed	8 Disabled or too ill to work

**9. Does your household own a car or van?**

**Variable name: Car**

No	Yes, one	Yes, more than one
1	2	3

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

You	Yes	1	No	2	Close Friend	Yes	1	No	2
<b>CancerYou</b>					<b>CancerCloseFriend</b>				
Partner	Yes	1	No	2	Other Friend	Yes	1	No	2
<b>CancerPartner</b>					<b>CancerOtherFriend</b>				
Close family member	Yes	1	No	2	Not sure	99			
<b>CancerCloseFamily</b>					<b>CancerNotSure</b>				
Other family member	Yes	1	No	2	Do not wish to answer	98			
<b>CancerOtherFamily</b>					<b>CancerRefusal</b>				

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

**Variable name: YearsUK**

**12. What is the main language spoken at home?**

**Variable name: Language**

**To code an ethnic group that is not on the list code as 'Other' (code 7) and write the variable verbatim in: OtherLanguage**

1	English	5	Sylheti
2	Urdu	6	Cantonese
3	Punjabi	7	Other.....
4	Gujarati		

**Cancer Research UK  
Cancer Awareness Measure (CAM)**

**CAM glossary of terms**

**Barrier for seeking help** – Any reason given for not seeking help for a suspected warning sign or symptom.

**Cancer screening** – Testing large groups of apparently healthy people for early signs of certain types of cancer. Screening for a specific cancer can only be carried out when there are good enough tests available and studies have shown that screening will do more good than harm.

**Cancer screening programme** – Invites certain sections of the population to screening at regular intervals over a period of years.

**Closed question** – A query that requires the respondent to answer using given options.

**Incidence** – The number of people newly diagnosed with cancer.

**Interviewer** – The person giving the questionnaire to respondents.

**Open question** – A query that allows the respondent to answer freely.

**Risk factor for cancer** – Something about us or our lives that increases our chances of developing cancer.

**Respondents** – The people giving the answers to the CAM.

**Seeking help** – Visiting a doctor in regards to a suspected warning sign or symptom.

**Symptom of cancer** – A feeling of illness, or physical or mental change, caused by cancer.

**Warning sign of cancer** – A feeling of illness, or physical or mental change, that may or may not be caused by cancer.