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# Cancer Awareness in Deprived Areas Research

## Street and Door Knocking Interviews

### Full Report v1

Prepared for Laura McGuinness

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# 1. Executive Summary

Public Knowledge were commissioned by NHS Tees to conduct research to assess baseline levels of cancer awareness across the most deprived area served by NHS Hartlepool, Redcar and Cleveland, Stockton on Tees and Middlesbrough. In total 585 interviews were conducted with a broad range of respondents, using both a street and a door knocking methodology in November and December 2010. This section summarises the main findings within the sample as a whole and further information with regard to variation according to location and sample demographics can be found in the main body of the report.

## 1.1. Awareness of the Signs and Symptoms of Cancer

The first section of the survey asked respondents about warning signs and symptoms of cancer. By far the most common sign/symptom of cancer spontaneously given by the sample was lumps or swellings (50%), followed by weight loss (17%), bleeding (15%) and pain (14%) and 'other' responses were also given by 14% of the sample. However, over one in five (25%) respondents were unable to name any signs or symptoms of cancer and 19% were **only** able to name the most commonly known sign/symptom – 'lumps/swellings'; indicating a need for increased education.

When prompted, respondents were most likely to agree that unexplained lumps or swellings (91%), a change in the appearance of a mole (91%), a persistent change in bowel or bladder habits (85%) and an unexplained bleeding (83%) could be signs/symptoms of cancer. In contrast, respondents were least likely to agree that a persistent cough or hoarseness (59% overall) or a sore that does not heal (63%) could be a sign/symptom of cancer.

## 1.2. Help Seeking Behaviour

Respondents were then asked how soon they would contact a doctor to make an appointment to discuss each of the symptoms prompted in the previous question. Respondents were most likely to say that they would contact a doctor within one week for each of the following symptoms: An unexplained bleeding (76%), a symptom that they thought was a sign of cancer (74%), a lump or swelling (70%) and a change in the appearance of a mole (69%).

A sore that does not heal (10.4 days), a persistent cough or hoarseness (14 days) and unexplained weight loss (17.6 days) were the symptoms that respondents would leave for the longest time before contacting a doctor. This is consistent with the fact that these were the symptoms respondents were less likely to agree could be a sign of cancer (with the exception of unexplained weight loss).

When read a list of reasons why people might put off visiting a doctor to discuss symptoms, the main reason given was worry about what the doctor might find (39%). Difficulty making an appointment (27%), feeling scared (24%) and worries about wasting the doctor's time (23%) were the main other reasons respondents gave for putting off visiting a doctor.

### 1.3. Factors Affecting the Chances of Getting Cancer

Using an open question, respondents were then questioned about factors that affect the chances of getting cancer. By far the most common response, given by 61% of the total sample, was smoking. Drinking alcohol (24%), family history/genetics (18%) and diet (17%) were also common responses. However, it is concerning that 16% said they couldn't name any factors that can cause cancer, further illustrating the need for education.

When prompted, respondents were most likely to agree that the following could be causes of cancer: smoking any cigarettes at all (83%), exposure to another person's cigarette smoke (70%), having a close relative with cancer (71%) and getting sunburnt more than once as a child (65%). There were low levels of agreement for the following: doing less than 30 minutes of moderate physical activity 5 times a week (20%), eating less than 5 portions of fruit and vegetables a day (20%) and eating red or processed meat once a day or more (18%).

### 1.4. The Number of People who Develop Cancer

Around one in three people develop cancer in their lifetime and when respondents were asked to estimate incidence the mean score of 38.2 was relatively accurate. However, only 15% of respondents gave an estimation of between 31 and 40 people with 42% giving an estimation of less than 31 and 40% an estimate of more than 40.

Respondents were also asked at what age they think people are most likely to develop cancer. Only 6 respondents (1%) correctly estimated that people are most likely to develop cancer at 80 years old and above, with the majority (54%) giving the response 'at any age'.

### 1.5. Awareness of Different Types of Cancer

To assess awareness of different types of cancer, respondents were asked what they thought were the first, second and third most common cancers in both men and women.

Respondents correctly named breast cancer as the most common cancer in women with almost all respondents (93%) mentioning this at either the first, second or third mention, the

majority (78%) at the first mention. However, much smaller proportions named the second and third most common cancers in women - lung (31%) and colorectal (14%) cancer.

Respondents were most likely to think that prostate cancer is the most common cancer in men based on the first mention (32%), however on combined first, second and third mention lung cancer was named the most common cancer in men (50%). Testicular (39%) and bowel/colorectal (49%) cancer were also mentioned by a high proportion of the sample overall.

## 1.6. Awareness of NHS Cancer Screening Programmes

Respondents were significantly more likely to be aware of both the NHS breast (67% awareness) and cervical cancer (72% awareness) screening programmes than they were of the NHS bowel cancer (35% awareness) screening programme although this is to be expected as this programme has been operating for significantly less time than breast and cervical cancer screening.

Respondents who were aware of each of the NHS cancer screening programmes were asked at what age they thought people were first invited. Women are typically invited to attend breast cancer screening between 50-53 years of age and, as such, around a third (31%) were correct in this regard. A third of respondents (33%) who were aware of the cervical cancer screening programme also correctly attributed the age of first invitation as between 25-29 years old, however, an additional 18% opted for the slightly lower 20-24 year age band, which is reflected in the mean score of 21.8 years. Only 29% of respondents correctly attributed the age of invitation for NHS bowel cancer screening as between 60 and 69 years of age and there was a tendency to under-estimate as reflected in the mean score of 47.6 years.

## 1.7. Factors Contributing to Cancer Incidence

The next question in the survey asked respondents to rate five factors according to the extent to which they contribute to the incidence of cancer in the UK. Overall, lifestyle was considered to be the most important factor contributing to cancer in the UK, with 51% of the sample selecting this as the factor which contributes the most, in addition to the lowest mean score of 1.9 (with 1 being the most important factor). Genetic inheritance was considered to be the second most important factor but chance, environmental factors and aging all received similar importance ratings.

## 1.8. Personal Experience of Cancer and Screening

Most respondents have some experience of cancer; 52% report that a 'close' family member has suffered from cancer, 28% an 'other' family member and 20% a close friend. Just 4% of respondents have themselves suffered from cancer and 25% gave the answer 'none of the above'.

Respondents in the target age ranges were also asked whether they had themselves attended cancer screening. Almost three quarters of women (75%) in the target age range recall receiving an invitation to attend breast cancer screening, 88% of those have attended screening and 44% of those have attended in the last year. Overall, 84% of females aged between 25-64 years recall receiving an invitation to attend cervical cancer screening. Most women who have received an invitation have attended screening (89%) and 34% of these women have attended in the last year. In comparison, only just over half of respondents in the target age range for bowel cancer screening recalling receiving a kit (56%). Of those who do recall receiving a kit, 86% completed it with 59% of these completing the kit in the last year.

## 1.9. Communications

In order to help NHS Tees tailor communication material to people of different demographics, respondents were asked how they would like to be kept up to date with information about the NHS and the services offered. The most popular means of communication selected was TV (45%), followed by leaflets/flyers (40%), newsletters (27%) and doctor's waiting rooms (23%).



## 2. Background and Objectives

According to the Office for National Statistics, one in three people in the UK develop cancer across the course of their lives and around one in four people who develop cancer will die as a result. Statistics have shown that the UK has lower levels of cancer survival in comparison with other Western Countries; an issue which needs to be tackled.

Consequently, at the end of 2007, the Department of Health launched the Cancer Reform Strategy which outlined actions to improve UK wide cancer services within the NHS and reduce inequalities in incidence, access to services and outcomes. The reform has set a clear direction in terms of UK cancer services and by 2012 it is hoped that the UK's cancer services will be amongst the best in the world. To help achieve these objectives the National Awareness and Early Diagnosis Initiative (NAEDI) and the National Cancer Equality Initiatives (NCEI) were launched.

The key component of the work undertaken by NAEDI is highlighting the importance of raising awareness of cancer within the general population. This is crucial as one of the main factors associated with a delay in seeking help for cancer is a failure to recognise early cancer symptoms. The work undertaken by the NCEI focuses on identifying and bridging inequalities within cancer in terms of key indices (gender, age, ethnicity, socio-economic status, religious belief, disability, sexual preference and language). This will allow targeted interventions to be implemented, focusing on the most vulnerable groups of the population.

A key component of this work highlighted the importance of raising awareness of cancer within the general population. This is crucial as one of the main factors associated with a delay in seeking help for cancer is a failure to recognise early cancer symptoms and later diagnosis is strongly associated with poorer survival rates.

To aid this process the Cancer Awareness Measure (CAM) was designed and extensively validated by CR-UK. This measure has now been extensively used nationally to assess awareness of the warning signs and symptoms of cancer, knowledge of the types and incidence of cancer, awareness of the screening programmes for bowel, breast and cervical cancer and health seeking behaviours and barriers to seeking GP consultation.

Public Knowledge were commissioned by NHS Tees to undertake 570 street and door-knocking interviews across the areas served by the network, which covers NHS Redcar and Cleveland, Hartlepool, Stockton on Tees and Middlesbrough using this validated measure.

### 3. Methodology

A face-to-face street and door-knocking interview methodology was used to assess baseline levels of cancer awareness across the most deprived areas served by NHS Tees using the validated CAM (please see Appendix 8.1).

A face-to-face methodology was selected as most appropriate as cancer is an emotive and sensitive subject, and therefore, better suited to discussion in person. All interviewers were fully briefed prior to data collection, which ensured they were knowledgeable and able to confidently answer any questions posed by respondents at the end of the survey. A face-to-face methodology was also advantageous as it allowed interviewers to hand out information leaflets at the end of the survey which is particularly important given that the overall objective of this research is to increase awareness of cancer. To encourage response, all interviewers were also provided with a signed verification letter supplied by NHS Tees.

The data was collected from the 10 most deprived wards served by NHS Tees, as shown in Table 1.

**Table 1: The 10% most deprived wards served by NHS Tees.**

Local Authority Area	Ward	Number living in the most deprived decile
Middlesbrough	Middlehaven	4,115
	Park End	6,630
	Thorntree	6,185
	North Ormesby and Brambles Farm	6,290
	Pallister	6,265
	Beechwood	5,625
Redcar and Cleveland	Grangetown	5,135
Hartlepool	Stranton	5,365
	Dyke House	5,140
Stockton on Tees	Stockton Town Centre	6,660

**Table2: Sample requirements by Ward based on a sample of 570 interviews.**

Local Authority Area	Ward	% of sample	Number of interviews	No of door-knocking days
Middlesbrough	Middlehaven	10%	57	4
	Park End	10%	57	4
	Thorntree	10%	57	4
	North Ormesby and Brambles Farm	10%	57	4
	Pallister	10%	57	4
	Beechwood	10%	57	4
Stockton on Tees	Stockton Town Centre	10%	57	4
Redcar and Cleveland	Grangetown	10%	57	4
Hartlepool	Stranton	10%	57	4
	Dyke House	10%	57	4
		<b>100%</b>	<b>570 interviews</b>	<b>40 days</b>

All data was collected by experienced interviewers, in line with the MRS code of conduct. The main sample data was collected between 15<sup>th</sup> November and 6<sup>th</sup> December 2010 on a combination of week and weekend days. In accordance with the MRS code of conduct, for quality purposes, 20% of the data submitted by each interviewer was back-checked to ensure that the data was collected when and where specified and that the interviewers were polite and considerate.

In total 585 interviews were completed. A breakdown of the interviews required and achieved according to location, in addition to associated confidence levels at the 95% confidence level, are presented in Table 3.

**Table 3: Sample size and confidence level.**

Area	Number of interviews	Margin of error at 95% confidence
Middlesbrough	351	5.23%
Hartlepool	116	9.1%
Stockton on Tees	60	12.65%
Redcar and Cleveland	58	12.87%
<b>TOTAL</b>	<b>585</b>	<b>4.05%</b>

Confidence in data increases as sample size increases. Overall confidence in the data set as a whole is reliable, with a margin of error of 4.05% based on a 95% confidence level.

However, due to low sample sizes, the data collected in the area served by NHS Hartlepool,

Stockton on Tees and Redcar and Cleveland displays high margins of error and should therefore be interpreted with caution.

Quotas were imposed to ensure that the data was representative of each area in terms of age, gender and ethnicity. Required and achieved percentages are shown in Table 4 and achieved quotas broadly match those required.

**Table 4: Required and achieved quotas according to age, gender and ethnicity.**

Demographic		Stockton on Tees		Middlesbrough		Redcar and Cleveland		Hartlepool	
		Required	Achieved	Required	Achieved	Required	Achieved	Required	Achieved
Gender	Male	50%	50%	50%	44%	50%	43%	30%	36%
	Female	50%	50%	50%	56%	50%	57%	70%	64%
Age	18-24 years	15%	17%	15%	16%	15%	14%	15%	15%
	25-34 years	16%	18%	16%	17%	16%	17%	16%	18%
	35-44 years	19%	20%	19%	19%	19%	19%	19%	17%
	45-54 years	17%	12%	17%	16%	17%	17%	17%	17%
	55-64 years	13%	13%	13%	14%	13%	14%	13%	13%
	65 years +	20%	20%	20%	18%	20%	19%	20%	20%
Ethnicity	White	94%	75%	94%	91%	94%	97%	94%	96%
	BME	6%	25%	6%	9%	6%	3%	6%	4%

## 4. Data Processing and Analysis

The data collected was input at our head offices in Hexham and 20% of the data input by each individual was checked for accuracy. Data for the open questions (e.g. spontaneous awareness of the symptoms and causes of cancer) was input into the code frames specified within the CAM tool kit.

Throughout the report the research findings have been illustrated using easy to read colour charts, which provide an immediately accessible graphical overview of the answers given by respondents in each area. The charts are clearly labelled and the corresponding question from the questionnaire included at the bottom of each chart for ease of reference, in addition to the 'base' or sample size for each question.

Within this report any mention of 'significance' refers to statistical significance. Statistical significance is used to refer to a result that is unlikely to have occurred by chance and in this case is tested using chi-squared. Significance can be calculated to different percentages, with higher percentages representing more noteworthy responses.

This data has been assessed for statistical significance according to the following variables: NHS area (Middlesbrough, Redcar and Cleveland, Stockton on Tees and Hartlepool), gender, age, gender xs age, ethnicity, smoking behaviour, personal experience of cancer and awareness of breast, cervical and bowel cancer screening programmes.

The main report explores the findings obtained in the total sample and at the individual NHS area level (Stockton on Tees, Middlesbrough, Redcar and Cleveland and Hartlepool). The data is presented graphically in all cases and any notable variations by NHS area, gender, age and ethnicity have been discussed in the text. The data has been compared and contrasted with that detailed within the UCL Public Awareness of Cancer in Britain Report. This data is based on a sample of 2,216 cases, representative according to the UK population and collected at the end of 2008.

***Please note that this report is accompanied by data tables and raw data files where further information can be found, if required.***

## 5. Respondent Characteristics

### 5.1. Age and Gender

The age and gender of respondents within the sample as a whole is shown in Table 5.

**Table 5: Primary demographics of respondents.**

Demographic Characteristics		All data	Stockton on Tees	Middlesbrough	Redcar and Cleveland	Hartlepool
Gender	Male	43%	50%	44%	43%	36%
	Female	57%	50%	56%	57%	64%
Age	18-24 years	16%	17%	16%	14%	15%
	25-34 years	17%	18%	17%	17%	18%
	35-44 years	19%	20%	19%	19%	17%
	45-54 years	16%	12%	16%	17%	17%
	55-64 years	14%	13%	14%	14%	13%
	65 years plus	19%	20%	18%	19%	20%

As shown, a slightly higher proportion of female respondents (57%) were interviewed than males (43%). This is largely a result of NHS Tees' request that a higher proportion of females be interviewed in Hartlepool, an area that experiences high levels of cancer diagnosis and mortality amongst females. Quotas also ensured that respondents were drawn from a representative spread according to age in each area.

The data collected in each area is generally similar in terms of age. The Stockton and Hartlepool samples have slightly higher proportions of respondents aged 18-34 years and 65 years and above, however these differences are not statistically significant.

## 5.2. Working Status, Marital Status, Education, Housing Tenure and Vehicle Ownership

Tables 6 and 7 show the secondary demographics of the sample (working status, marital status, education, housing tenure, vehicle ownership and SEG) and this is discussed further on the subsequent pages.

**Table 6: Secondary demographics of respondents.**

Demographic characteristics		All data	Stockton on Tees	Middlesbrough	Redcar and Cleveland	Hartlepool
<b>Working status</b>	Unemployed	22%	28%	26%	17%	9%
	Retired	19%	22%	16%	28%	23%
	Full-time homemaker	19%	12%	20%	14%	21%
	Employed full-time	18%	8%	16%	24%	27%
	Employed part-time	11%	17%	11%	12%	9%
	Disabled or too ill to work	5%	7%	4%	3%	5%
	Student	4%	5%	5%	2%	3%
	Self-employed	1%	2%	1%	0%	3%
<b>Marital status</b>	Married/living with spouse	43%	45%	39%	48%	51%
	Single/never married	35%	35%	38%	34%	29%
	Widowed	9%	7%	11%	9%	8%
	Divorced	9%	7%	10%	5%	11%
	Married/separated from partner	3%	5%	3%	3%	0%
	Civil partnership	0%	2%	0%	0%	1%
<b>Educational qualification</b>	No formal qualifications	46%	48%	51%	36%	32%
	O Level or GCSE equivalent (Grade A - C)	17%	8%	13%	21%	30%
	O Level or GCSE (Grade D - G)	13%	15%	17%	12%	3%
	A-levels or Highers	7%	8%	5%	10%	9%
	ONC/BTEC	5%	7%	4%	9%	7%
	Degree or higher degree	4%	10%	3%	5%	2%
	Higher education qualification below degree level	3%	3%	2%	2%	7%
	Other	5%	0%	5%	5%	9%
<b>Housing Tenure</b>	Rent from Local Authority/Housing Association	44%	47%	55%	48%	6%
	Rent privately	21%	28%	18%	7%	34%
	Own outright	17%	15%	13%	12%	32%
	Own mortgage	15%	10%	11%	28%	24%
	Other (e.g. living with family/friends)	3%	0%	3%	5%	3%
<b>Vehicle ownership</b>	None	56%	57%	60%	38%	54%
	Yes, one	40%	40%	38%	53%	39%
	Yes, more than one	4%	3%	2%	9%	7%

**Table 7: Secondary demographics of respondents - SEG.**

<b>Social Class</b>	<b>All data</b>	<b>Stockton on Tees</b>	<b>Middlesbrough</b>	<b>Redcar and Cleveland</b>	<b>Hartlepool</b>
A	0%	0%	0%	0%	1%
B	2%	2%	2%	0%	3%
C1	17%	15%	14%	17%	26%
C2	18%	17%	15%	28%	25%
D	22%	28%	21%	29%	18%
E	41%	38%	49%	26%	28%

### **Working Status**

Almost one-third (30%) of the sample were in employment, be that full-time (18%), part-time (11%) or self-employed (1%). Almost one-fifth of the sample (19%) were retired, which directly reflects the fact that 19% of the data was collected from those aged 65 years and above. A fifth of the sample reported unemployment (22%), which is substantially higher than the current national average of 7.7%<sup>1</sup>. A further 19% were full-time homemakers, 5% were unable to work due to sickness or disability and finally, 4% of the sample were students.

Respondents in Hartlepool were most likely to be working full time (27%) and those in Stockton on Tees were more likely to be unemployed (28%), although this difference is not statistically significant.

As would be expected, respondents aged 65 years and above were significantly more likely to be retired (83% of those aged 65 and above). Respondents aged 18-24 years were more likely to be studying (22%) or to be unemployed (34%), which reflects the situation in the current UK economy. Respondents aged between 25-34 years were significantly more likely to be full-time homemakers (32%) and those aged 45-54 years old were significantly more likely to be employed full-time (34%).

Female respondents were significantly more likely to be full-time homemakers (32%) or working part-time (17%), while male respondents were significantly more likely to be working full-time (22%), unemployed (33%) or retired (27%).

BME respondents were significantly less likely to be retired (10%) compared to white respondents who were significantly more likely to be (20%).

<sup>1</sup> According to the Office of National Statistics and based on data collected between July to September 2010. <http://www.statistics.gov.uk/cci/nugget.asp?id=12>



## Marital Status

The greatest proportion of the sample were married and living with their spouse (43%). More than a third (35%) were single, 9% were widowed, 9% were divorced, 3% were separated and 0% (n=2) were in a civil partnership. This breakdown is largely reflective of the UK population as a whole,<sup>2</sup> based on estimates produced by the Office of National Statistics.

Respondents aged 18-44 years were significantly more likely to be single (75% of 18-24 year olds, 46% of 25-34 year olds and 45% of 35-44 year olds). Older respondents were significantly more likely to be married (57% of 45-54 year olds) or divorced (25% of those aged 55-64 years) and those over 65 years of age were significantly more likely to be widowed (35% of those aged 65 years and above).

A significantly higher proportion of females interviewed (12%) were widowed and a higher proportion of men were single and never married (38%), though not a significant proportion.

## Educational Qualifications

The greatest proportion of the sample (46%) reported having no formal qualifications which is well above the UK average of around 30% and only 4% hold a degree or higher degree which is considerably lower than the UK average of almost 20%.<sup>3</sup> O Levels or GCSEs were the most common qualifications held by respondents (28% had O Levels or GCSEs at Grade A-C and D-G).

Respondents in Middlesbrough were significantly more likely to have no formal qualifications (51%) compared to the overall total (46%) and were also more likely to have O Levels or GCSEs to grade D-G only (17%).

Those aged 18-24 years were significantly more likely to hold A Levels or Highers (14%) whereas respondents aged 25 and above were more likely to have O Levels or GCSEs. White respondents were significantly more likely to have no formal qualifications (47%) and BME respondents were significantly less likely to do so (27%).

## Living Arrangements

The highest proportion of respondents (44%) rent from the local housing authority which is substantially higher than the national average of 17.5%,<sup>4</sup> 21% rent privately (21%), 17%

<sup>2</sup> Based on estimated figures produced by the Office of National Statistics.  
<http://www.statistics.gov.uk/cpi/nugget.asp?id=2312>

<sup>3</sup> <http://www.statistics.gov.uk/census2001/profiles/commentaries/people.asp>

<sup>4</sup> Based on ONS estimates for 2009 <http://www.statistics.gov.uk/cpi/nugget.asp?id=1105>

own their home outright and 15% own a home that is mortgaged. The remainder of the sample (3%) gave the response 'other' (e.g. living with family/friends).

Respondents in Middlesbrough (55%) were significantly more likely to rent from a local authority or housing association, whilst those in Hartlepool were more likely to rent privately (34%), own their home outright (32%) or own a house with a mortgage (24%).

As would be expected, respondents aged 55 years and over were significantly more likely to own their own home outright (29% of 55-64 year olds and 47% of those aged 65 and above), while respondents aged 35-54 years were significantly more likely to have a mortgage (26% of 35-44 year olds and 29% of 45-54 year olds). Similarly, younger respondents were significantly more likely to be renting privately (30% of 18-24 year olds).

Non-white respondents (33%) were more likely to be renting privately and white respondents were more likely to be living with family or friends (3%).

### **Vehicle Ownership**

Over one-half (56%) of the sample reported that they do not own a vehicle and 40% said they owned one vehicle. The proportions who do not own a vehicle was higher than that observed in previous CAM projects. Respondents in Middlesbrough were significantly more likely to say that they did not own a car (60%), whereas in Redcar and Cleveland respondents were more likely to report ownership of one vehicle (53%).

Females were significantly more likely to say they do not own a vehicle (60%) and males were significantly more likely to say that they have one vehicle in the household (44%) than women (36%).

### **SEG**

In terms of social class, the majority of the sample (41%) falls into group E, with those in Middlesbrough significantly more likely to fall into this group (49%) and respondents from Hartlepool significantly less likely to do so (28%).

Only 2% of the sample is graded into group AB and these respondents were more likely to be living in Stockton on Tees or Hartlepool, though this is not statistically significant. Respondents in Hartlepool were also significantly more likely to be graded into groups C1 and C2 (26% and 25% in each group respectively).

### 5.3. Ethnicity, language and length of time living in the UK

Respondents were also asked about ethnicity, language spoken at home and length of time spent living in the UK (Tables 8a/b).

**Table 8a: Ethnicity.**

Demographic characteristics		All data	Stockton on Tees	Middlesbrough	Redcar and Cleveland	Hartlepool
Ethnicity	<b>White TOTAL</b>	91%	75%	91%	97%	96%
	British	90%	73%	89%	97%	95%
	Irish	0%	0%	1%	0%	0%
	Other White background	1%	2%	1%	0%	1%
	<b>Mixed TOTAL</b>	2%	0%	1%	3%	2%
	White and Black Caribbean	2%	0%	1%	3%	2%
	White and Black African	0%	0%	0%	0%	0%
	White and Asian	0%	0%	0%	0%	0%
	<b>Asian or Asian British TOTAL</b>	5%	11%	6%	0%	1%
	Indian	1%	2%	1%	0%	0%
	Pakistani	3%	7%	3%	0%	0%
	Bangladeshi	0%	0%	0%	0%	1%
	Other Asian background	1%	2%	2%	0%	0%
	<b>Black or Black British TOTAL</b>	2%	13%	1%	0%	0%
	African	2%	13%	1%	0%	0%
	<b>Chinese/Other TOTAL</b>	1%	2%	0%	0%	2%
	Chinese	0%	0%	0%	0%	1%
	Chinese/Other Ethnic Group	1%	2%	0%	0%	1%

As can be seen in Table 8a, 91% of respondents were white and quotas were imposed on the data to ensure a representative spread in the 4 NHS areas.

White respondents were most highly represented in Redcar and Cleveland (97%) and least represented in Stockton on Tees (75%). Higher numbers of Asian or Asian British and Black or Black British respondents were in Stockton on Tees (11% and 13% respectively) and the highest percentage of Chinese respondents were in Stockton (2%) and Hartlepool (2%).

There was an association between age and ethnicity and there was a significantly higher proportion of white respondents aged 55-64 years (14% versus 4%) and 65 years and above (20% versus 6%), and a significantly higher proportion of BME respondents aged 25-34 years (16% white versus 37% BME).

Table 8b shows the characteristics of respondents in terms of language and length of time living in the UK.

**Table 8b: Language and length of time spent living in the UK.**

Demographic characteristics		All data	Stockton on Tees	Middlesbrough	Redcar and Cleveland	Hartlepool
Language spoken at home	English	95%	88%	94%	100%	98%
	Urdu	1%	2%	1%	0%	0%
	Punjabi	1%	0%	1%	0%	0%
	Sylheti	0%	0%	0%	0%	1%
	Gujarati	0%	0%	0%	0%	0%
	Other	3%	2%	3%	0%	1%
Length of time living in the UK (years)	0 – 9 years	4%	15%	3%	0%	2%
	10 – 19	5%	7%	7%	0%	2%
	20 – 29	21%	13%	19%	26%	26%
	30 – 39	16%	17%	16%	19%	13%
	40 – 49	16%	17%	15%	14%	16%
	50 – 59	16%	8%	17%	16%	17%
	60 – 69	14%	13%	14%	14%	13%
	More than 70 years	9%	10%	8%	12%	11%

Overall, 95% of the sample speaks English as their first language at home. This was significantly higher in Redcar and Cleveland (100%) and Hartlepool (98%), and significantly lower in Stockton on Tees (88%) which is in-line with the demographic profile of these areas according to ethnicity.

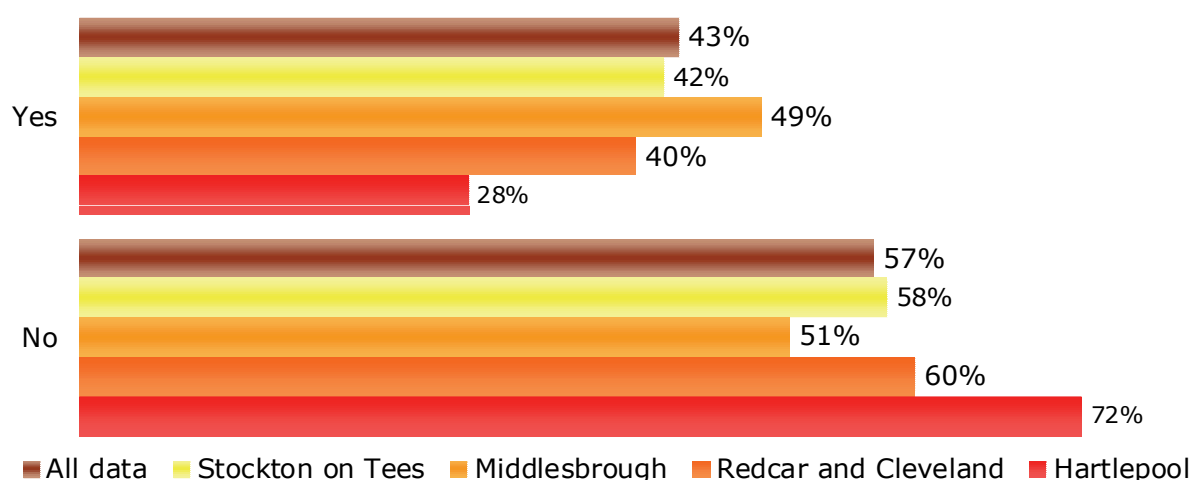
Other languages spoken by respondents included Urdu (1%) and Punjabi (1%). Smaller proportions of respondents also specified speaking Sylheti, Gujarati, Arabic, Czechoslovakian, Dari, French, Shona (all spoken by between 1-3 respondents) and 8 respondents reported speaking 'other' languages.

The length of time that respondents have lived in the UK varies considerably and as would be expected this is strongly correlated with age of the respondent. BME respondents are more likely to have lived in the UK for less than 19 years which most likely reflects the younger age of the BME group.

## 5.4. Smoking Behaviour

Figure 1a shows the proportion of people who said that they currently smoke cigarettes. This question is an addition to the validated CAM measure and is considered important in order to allow an analysis of the relationship between smoking and cancer awareness.

**Figure 1a: Smoking Behaviour**



### **D14. Do you currently smoke any cigarettes at all?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116.

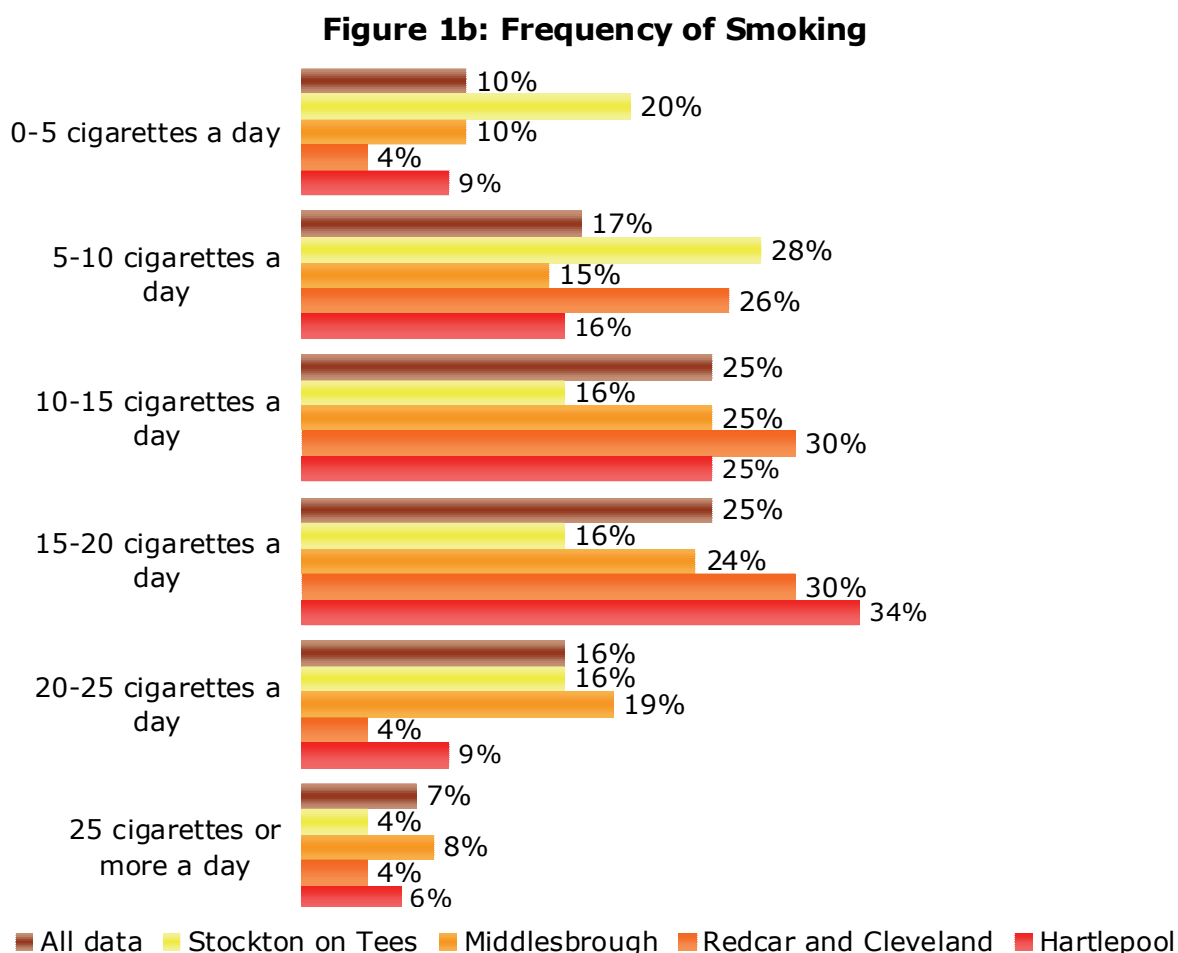
In total, 43% of the sample said they currently smoke cigarettes, which is significantly higher than the national average of 21%<sup>5</sup>.

There was little variation by gender, but those aged between 35 and 54 years were significantly more likely to smoke (54% of those aged 35-44 years and 54% of 45-54 year olds) as were respondents from Middlesbrough (49%), respondents with no formal qualifications (52%) and unemployed respondents (36%). Furthermore, respondents in Hartlepool were significantly more likely to say they do not smoke (72%).

<sup>5</sup> Based on data collected for the Office for National Statistics in 2009.  
<http://www.statistics.gov.uk/cci/nugget.asp?id=313>

Respondents with a degree or higher degree (1%) and retired respondents (8%) were significantly less likely to smoke.

Respondents who said they did smoke cigarettes were asked how many they smoke each day (Figure 1b).



#### **D14a. Which of the following best describes how many cigarettes you smoke a day?**

Base: All respondents who smoke - 252, Stockton on Tees - 25, Middlesbrough - 172, Redcar and Cleveland - 23, Hartlepool - 32

Most respondents smoke between 10-15 (25%) or 15-20 cigarettes a day (25%). A relatively large proportion of respondents (23%) also smoke more than 20 cigarettes a day and 27% smoke 0-10 cigarettes a day.

The heaviest smokers were more likely to be male (26%) and/or living in Middlesbrough (27%), with a large proportion of these sub-samples smoking more than 20 cigarettes each day.

## 6. Full Summary of Results

### 6.1. Awareness of Signs and Symptoms of Cancer

The first question in the main section of the survey asked respondents to name as many warning signs and symptoms of cancer as they were able (Figure 2a) and used an open format, which was coded into the code frames specified within the CAM tool kit.

By far the most common sign/symptom of cancer spontaneously given by the sample was lumps or swellings, with 50% of the total sample mentioning this. Weight loss (17%), bleeding (15%) and pain (14%) were also common responses and 'other' responses were also given by 14% of the sample.

Due to low percentage levels of awareness (1% or lower) the following signs/symptoms specified with the CAM tool kit have been excluded from Figure 2a: loss of appetite (1%), bruising (1%), feeling weak (1%), a sore that does not heal (1%), difficulty swallowing (0%) and blurred vision (0%).

A quarter of respondents (25%) were unable to name any signs or symptoms of cancer and 19% were **only** able to name the most commonly known sign/symptom - lumps/swellings - indicating a need for increased education in terms of awareness of the symptoms of cancer.

In all cases awareness is lower than that observed in the UCL study in which 68% spontaneously mentioned a lump/swelling (18% higher), 27% a pain (13% higher), 26% a change in the appearance of a mole (19% higher) and 19% a change in bowel/bladder habits (15% higher). The mean number of symptoms named overall was 1.3 and this is also notably lower than the mean score of 2.2 named in the UCL study.

Respondents in the Middlesbrough sub-sample were more likely to mention many of the common symptoms compared to the other geographical sub-samples. In contrast, respondents in Stockton on Tees were significantly more likely to be unable to give any response when asked about the signs and symptoms of cancer (45% compared to 19% in Middlesbrough, 31% in Redcar and Cleveland and 31% in Hartlepool).

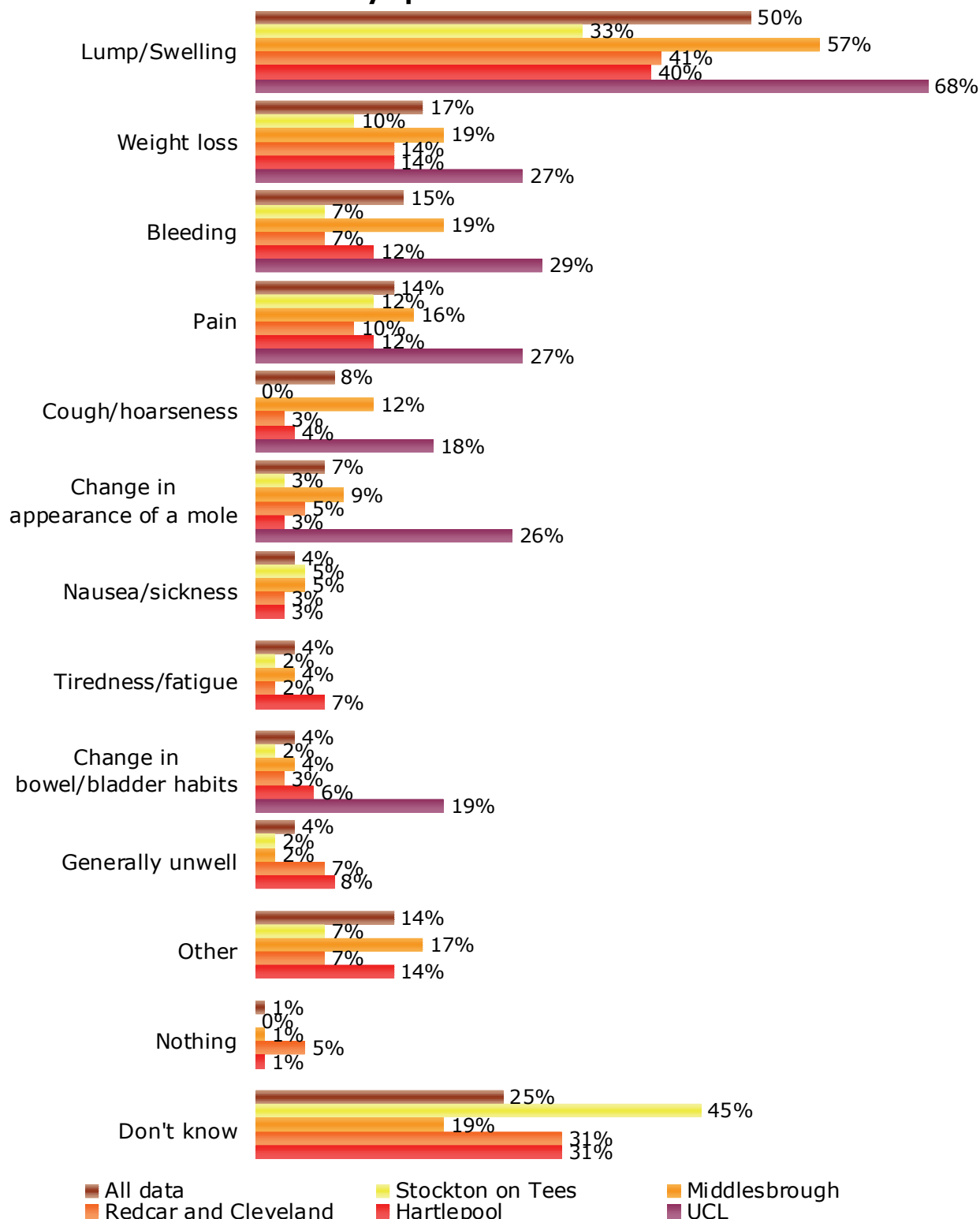
Some variation did exist by gender, ethnicity and social class. Males were significantly more likely to give the response 'don't know' (29%) compared to females (22%), as were those in SEG category E (29%) and smokers (29%). White respondents, however, were significantly

more likely to name many of the common symptoms of cancer compared to BME respondents.

Personal experience of cancer and awareness of cancer screening programmes clearly has a significant association with awareness of signs and symptoms of cancer. Those with a personal experience of cancer (i.e. through a partner, family member or friend) were evidently more aware of symptoms, whilst 31% of the 'don't know' responses were from those who had no personal experience of cancer. Furthermore, respondents with awareness of cancer screening programmes were also significantly more likely to be able to name many of the common symptoms of cancer than those who were not aware of screening programmes.



**Figure 2a: Spontaneous awareness of the signs and symptoms of cancer.**

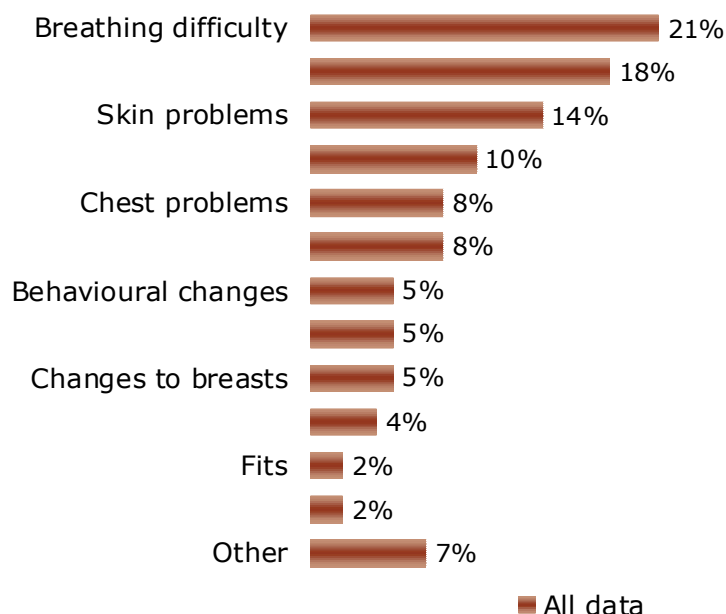


**Q1. There are many warning signs and symptoms of cancer. Please name as many as you can think of?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58  
Hartlepool - 116, UCL - 2216

Figure 2b details the 'other' responses obtained when respondents were asked about the signs and symptoms of cancer. Responses are based on a sample of those who gave some other response only and given the low base size total responses only are shown.

**Figure 2b: Spontaneous awareness of the signs and symptoms of cancer - other responses**



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

Base: Respondents who gave other signs/symptoms - 84, Stockton - 4, Middlesbrough - 60, Redcar and Cleveland - 4, Hartlepool - 16

**WARNING LOW BASE SIZE**

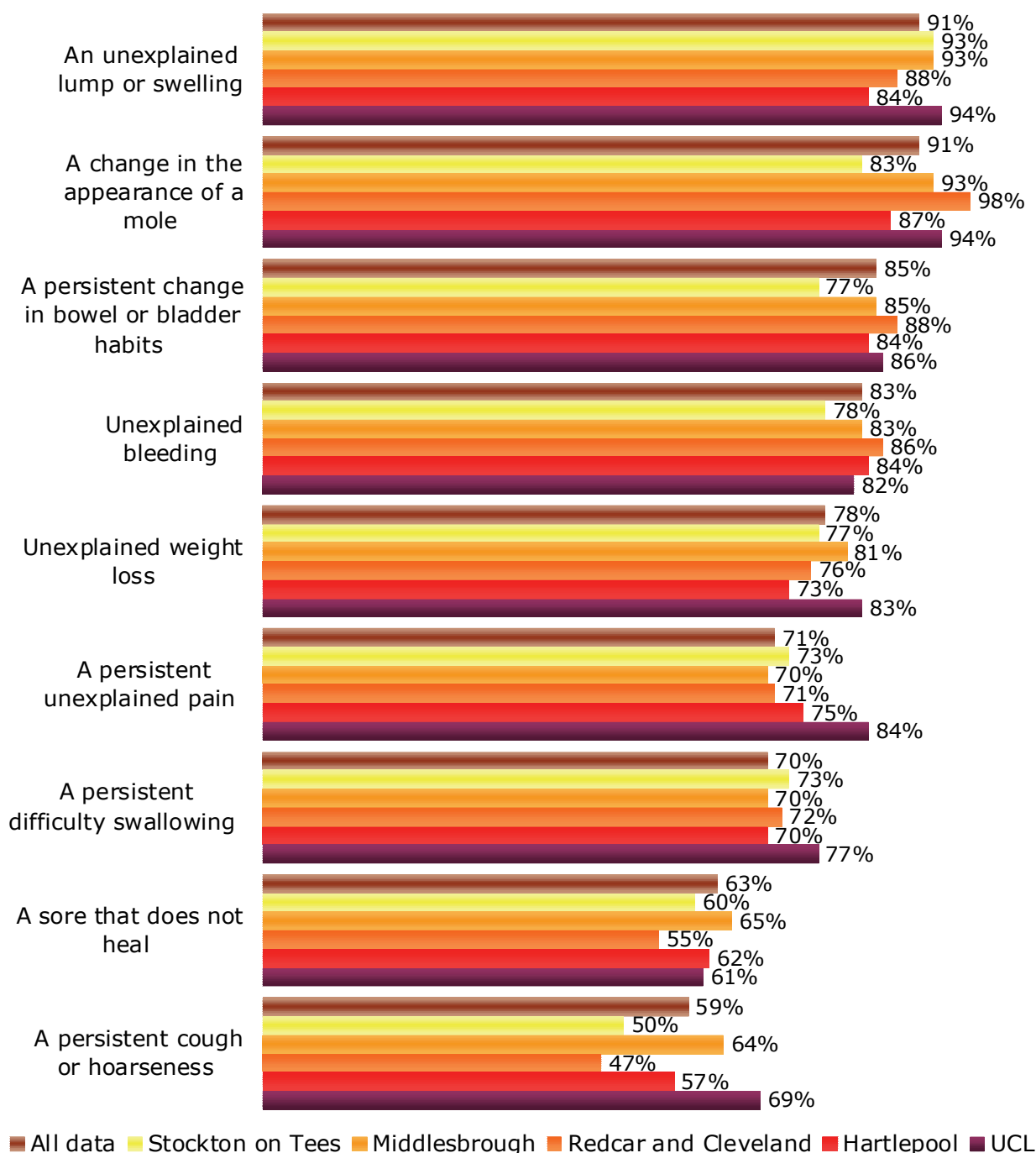
Males (18%) were more likely to mention 'other' signs or symptoms. The most common 'other' symptoms of cancer named by the sample were breathing difficulties (21%) and skin problems (e.g. a rash or changes to the skin (14%)). Another 18% gave a risk and not a symptom.

Hair loss (10%), chest problems (8%), non-specific symptoms (8%), behavioural changes (5%), blood/heart problems (5%), changes to the breasts (5%) were also mentioned.

In addition to the data presented in Figure 2b, there were many other possible symptoms of cancer named within the sample, both correctly and incorrectly attributed, such as back problems, changes to the breasts, changes in appearance, skin discolouration, liver problems, fits, stomach upsets, sweats, fever and high calcium in the blood.

In the second question respondents were read a list of potential signs and symptoms and were asked whether they thought each of these could be a sign of cancer. The percentage of 'yes' responses to this question in each NHS area are shown in Figure 3.

**Figure 3: Prompted awareness of the signs and symptoms of cancer.**



**Q2. Do you think that XXX could be a sign of cancer?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116, UCL - 2216

As can be observed, respondents were most likely to agree that unexplained lumps or swellings (91% overall agreement) were a warning sign of cancer, which replicates the findings obtained within the spontaneous question. The same proportion of the sample also agreed that a change in the appearance of a mole (91%) could be a sign/symptom of cancer, despite the fact that only 7% mentioned this spontaneously in the previous question.

A persistent change in bowel or bladder habits (85%) and unexplained bleeding (83%) were also the symptoms which respondents were most likely to agree could be signs/symptoms of cancer.

In contrast, respondents were least likely to agree that a sore that does not heal (63%) and a persistent cough or hoarseness (59%) could be a sign of cancer.

In most cases prompted awareness is somewhat higher in the UCL study than that observed in the NHS Tees sample. The mean score of 7.0 symptoms out of a possible 9 in the UCL study is slightly higher than the mean score of 6.9 obtained in the Tees sample.

Respondents aged between 18-24 years were generally less likely to give the answer 'yes' when asked whether they thought the signs and symptoms listed could be a sign of cancer, while those aged 55 years and above were generally more likely to give the response 'yes'. Although the younger age ranges are also the least at risk of developing cancer, this illustrates a need for increased education within this group.

Some variation is apparent on a geographical sub-sample level and respondents in Middlesbrough were significantly more likely to agree that an unexplained lump (93%), a persistent cough or hoarseness (64%) and /or unexplained weight loss (81%) could be a sign of cancer. A higher proportion of the Middlesbrough sub-sample also agreed that a change in the appearance of a mole (93%) and a sore that does not heal (65%) could be signs of cancer, although this difference is not statistically significant.

Those respondents with awareness of the NHS cancer screening programmes were significantly more likely to agree that each of the symptoms listed could be a sign of cancer, which reflects the responses given to the spontaneous question.

## 6.2. Help Seeking Behaviour

Respondents were then asked how soon they would contact a doctor to make an appointment to discuss each of the symptoms initially listed at Q2. Overall responses are shown in Figure 4a and mean scores for the length of time respondents would wait in each area are shown in Figure 4b on the following pages.

As shown in Figure 4a, respondents were most likely to say that they would contact a doctor within a week for each of the following symptoms: An unexplained bleeding (76%), a symptom that they thought was a sign of cancer (74%), a lump or swelling (70%) and a change in the appearance of a mole (69%).

This is corroborated, to some extent, by the mean scores presented in Figure 4b, which show that respondents would wait for the shortest time for an unexplained bleeding (5.2 days on average) and a change in the appearance of a mole (6.9 days on average) before contacting a doctor. Surprisingly, respondents would actually wait slightly longer before contacting a doctor with regard to a symptom they thought might be a sign of cancer (8.5 days on average) and an unexplained lump or swelling (8.9 days on average).

A sore that does not heal (10.4 days), a persistent cough or hoarseness (14 days) and unexplained weight loss (17.6 days) were the symptoms that respondents would leave for the longest time before contacting a doctor. This is consistent with the fact that these were the symptoms respondents were less likely to agree could be a sign of cancer (with the exception of unexplained weight loss).

It is worrying that a small percentage of respondents said that they would never see a doctor for the symptoms listed, particularly in the case of a persistent cough or hoarseness (5%) and unexplained weight loss (3%). Furthermore, 9 respondents (2%) said that they would not visit a doctor even if they thought the symptom might be a sign of cancer. These respondents were all white and included 5 males and 4 females and respondents for a cross-section of age ranges.

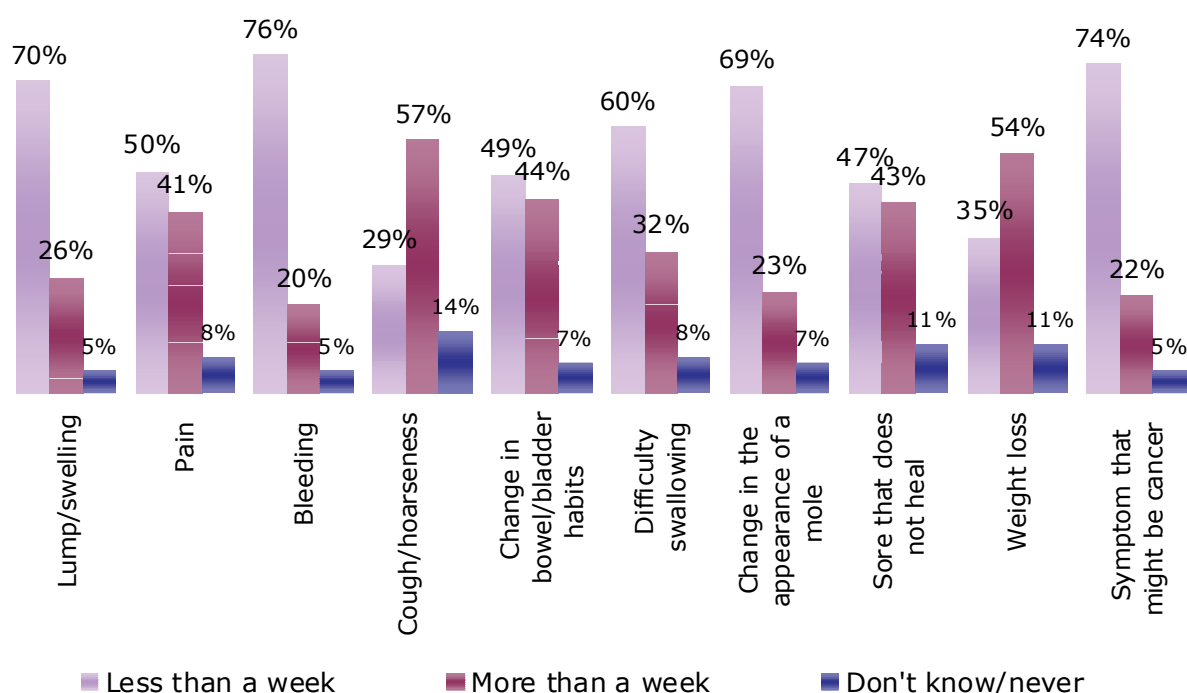
The mean scores do indicate a relationship between gender and length of wait before seeing a doctor; with females generally more likely to initiate contact with a doctor sooner than males.

Although the mean scores suggest that there is no correlation between age and length of wait, older respondents were significantly more likely to say they would initiate contact with a doctor within 1 to 3 days than younger respondents.

Mean scores indicate that generally BME respondents would wait a shorter time before initiating contact with a doctor than white respondents, however this finding should be treated with caution as the BME sub-sample is particularly small.

Respondents who said they are aware of the NHS screening programmes were generally more likely to say they would initiate contact with a doctor within 1 to 3 days. Interestingly, in the case of a persistent change in bowel or bladder habits, those who are aware of the bowel cancer screening programme would not initiate contact sooner than those who are not aware.

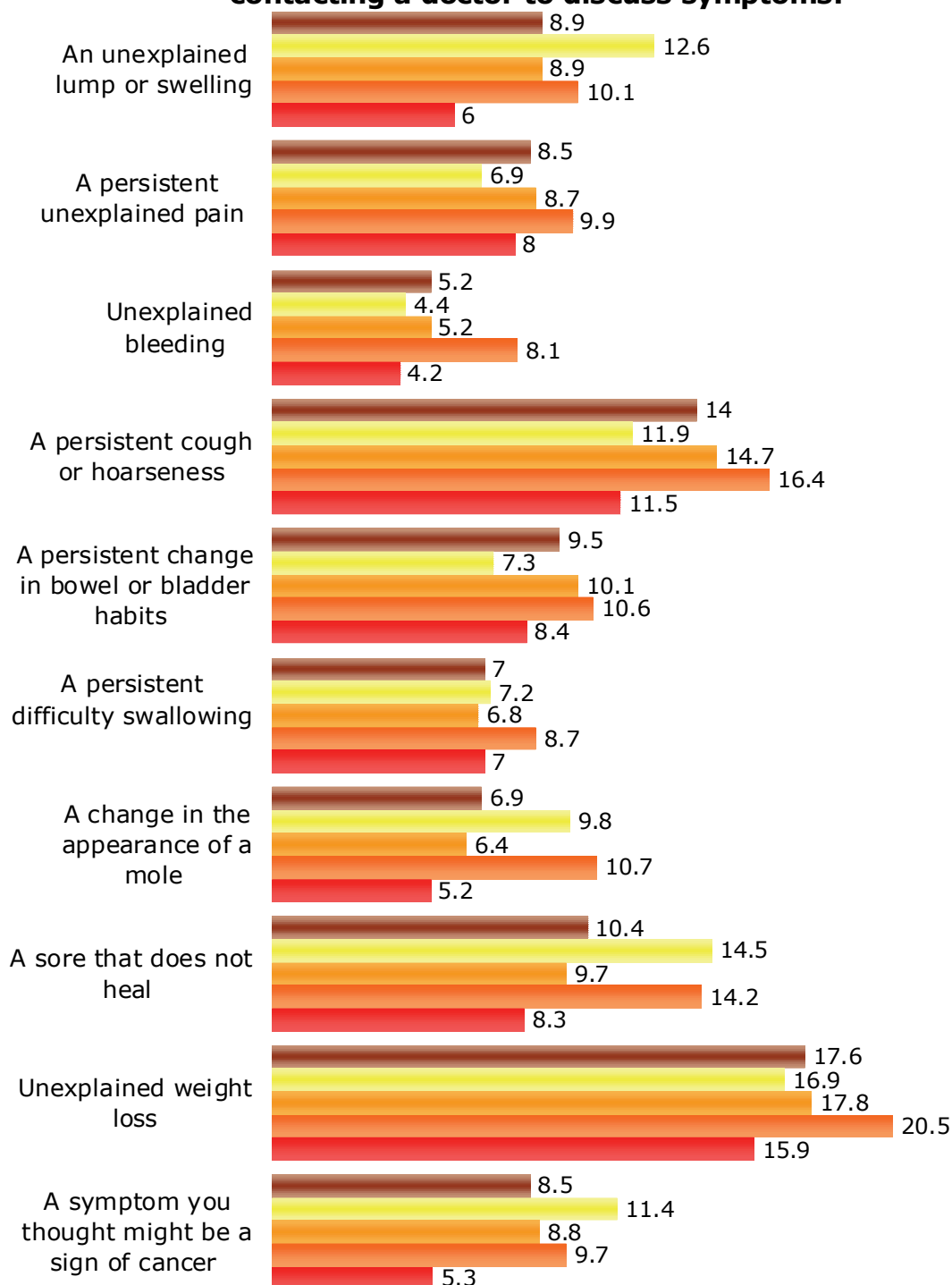
**Figure 4a: Length of wait before seeing a doctor to discuss symptoms.**



**Q3. If you noticed any of the following unexplained symptoms how soon would you contact your doctor to make an appointment to discuss it?**

Base: All respondents - 585

**Figure 4b: Mean scores for the length of wait before contacting a doctor to discuss symptoms.**



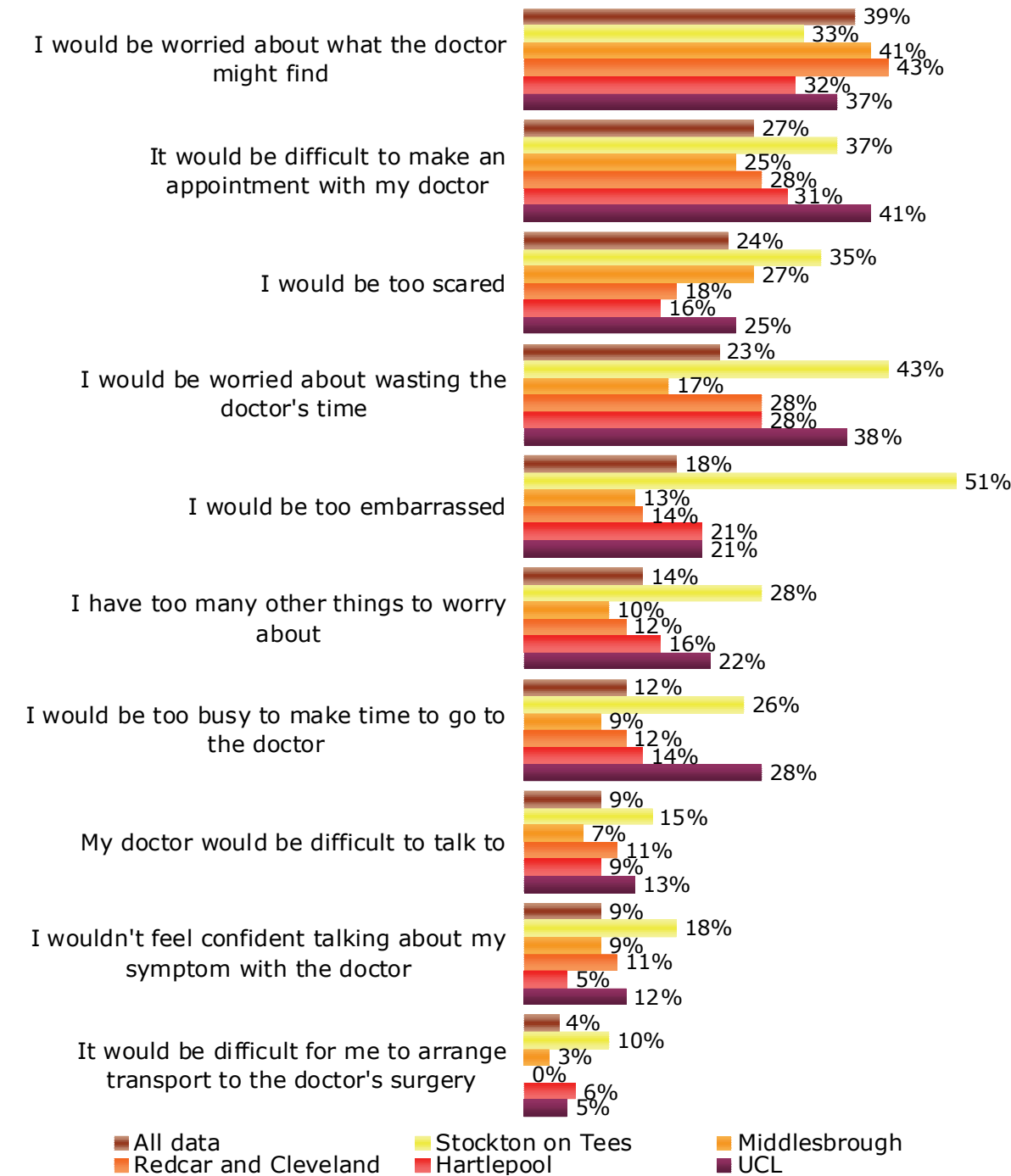
■ All data ■ Stockton on Tees ■ Middlesbrough ■ Redcar and Cleveland ■ Hartlepool

**Q3/4. If you noticed any of the following unexplained symptoms how soon would you contact your doctor to discuss it?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

In the following question, respondents were read a list of reasons why people might put off going to see a doctor, even when they think the symptoms might be serious, and were asked if any of these reasons would personally cause them to delay contact. Figure 5a gives the number of 'yes, often' and 'yes, sometimes' responses for each reason.

**Figure 5a: Reasons why respondents might put off visiting a doctor.**



**Q5. Could you say if any of these might put you off going to the doctor?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116, UCL - 2216



The main reason respondents gave for putting off visiting the doctor was worries about what the doctor might find (39%). Difficulties making an appointment (27%), feeling scared (24%) and worries about wasting the doctor's time (23%) were the main other reasons respondents gave for why they might put off visiting the doctor.

When compared to the UCL data, respondents in the Tees sample were generally less likely to agree that they would put off visiting the doctor for any of the reasons listed (with the exception of worries about what the doctor might find).

Respondents in Middlesbrough were significantly more likely to say they would often put off going to the doctor due to worries about what the doctor might find (18%) and fear (11%).

Responses with regards to 'difficulty making an appointment' are particularly important. Respondents in Stockton on Tees were most likely to say they would often or sometimes put off contacting a doctor because of difficulty making an appointment (37%) compared to 25% in Middlesbrough, 28% in Redcar and Cleveland and 31% in Hartlepool. However, it should be noted that the Stockton on Tees sub-sample is particularly small and therefore this finding should be treated with caution.

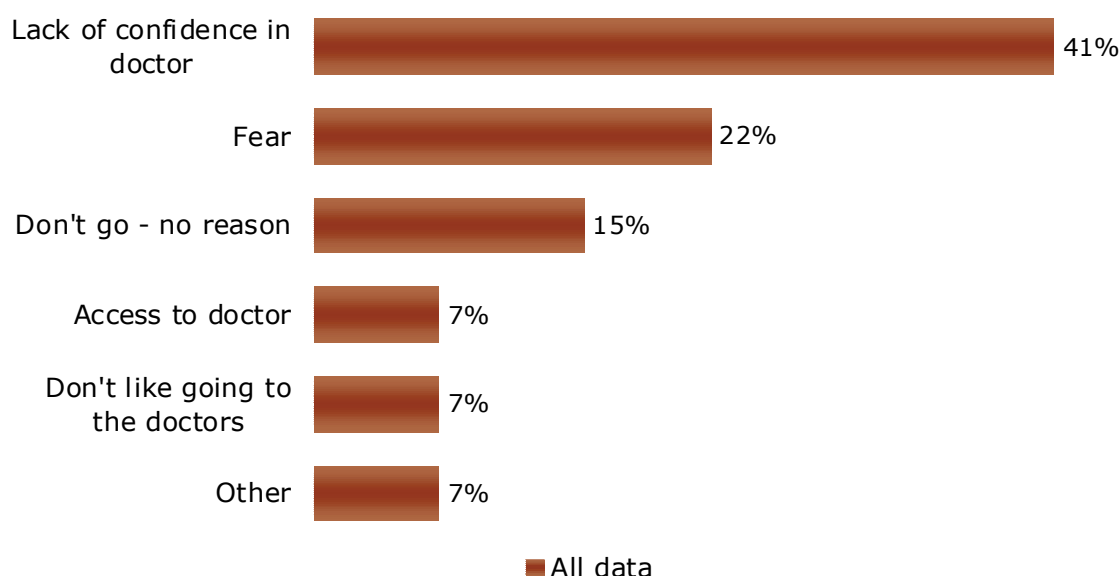
Female respondents were more likely to say that they would put off going to see a doctor because of fear (28% versus 21%), too many other things to worry about (15% versus 11%) and worries about what the doctor might find (45% versus 30%). In terms of age, older respondents were significantly more likely to say they would not put off going to the doctor's for each of the reasons listed.

White respondents were significantly more likely to say they would often put off going to the doctor's for each of the reasons listed and were also more likely to give the response 'don't know'.

Using an open question respondents were also asked if there were any other reasons they might put off going to see a doctor. The responses obtained from people who gave a further reason are shown in Figure 5b.

***Please note that only the total responses have been shown due to the small base size and caution should be used in the interpretation of this data.***

**Figure 5b: Other reasons respondents might delay going to the doctors.**



**Q5a. Is there anything else you can think of that might put you off going to the doctors?**

Base: Respondents who gave other reasons - 27

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The majority of people who gave a response to this question stated that lack of confidence in the doctor (41%) would put them off visiting a doctor. A further 22% reported that they fear going to the doctors and 15% said they have no reason, they simply do not go.

The other reasons given include access to the doctor (7%) and a dislike of going to the doctor (7%).

Some of the verbatim responses given in response to this question include:

*"When they start to operate, if you have cancer, it makes it worse.  
Sometimes it's best left alone."*

*"I feel that they're a waste of time."*

*"I have no faith in the doctors or their diagnosis."*

*"Only getting an appointment. Trying to get by a receptionist is a work of art."*

*"No, I just don't want to hear bad news."*

*"I never go to the doctors."*

*"Just embarrassment."*

*"Waiting around in the surgery."*

### 6.3. Factors Affecting the Chances of Getting Cancer

Respondents were then asked what factors they think affect the chances of getting cancer, using an open question. The most common responses received, as coded into the code frames specified within the CAM tool kit, are shown in Figure 6a, on the following page.

Please note that this table excludes many of the causes listed in the CAM tool kit because only a very low proportion of respondents referred to them. Specifically, these include radiation, infection with viruses, exposure to another person's cigarette smoke (all mentioned by 1% of the sample; between 3 and 5 responses), a high fat diet, eating red or processed meat, food additives and having many sexual partners (all mentioned by 0% of the sample; between 1 and 2 responses).

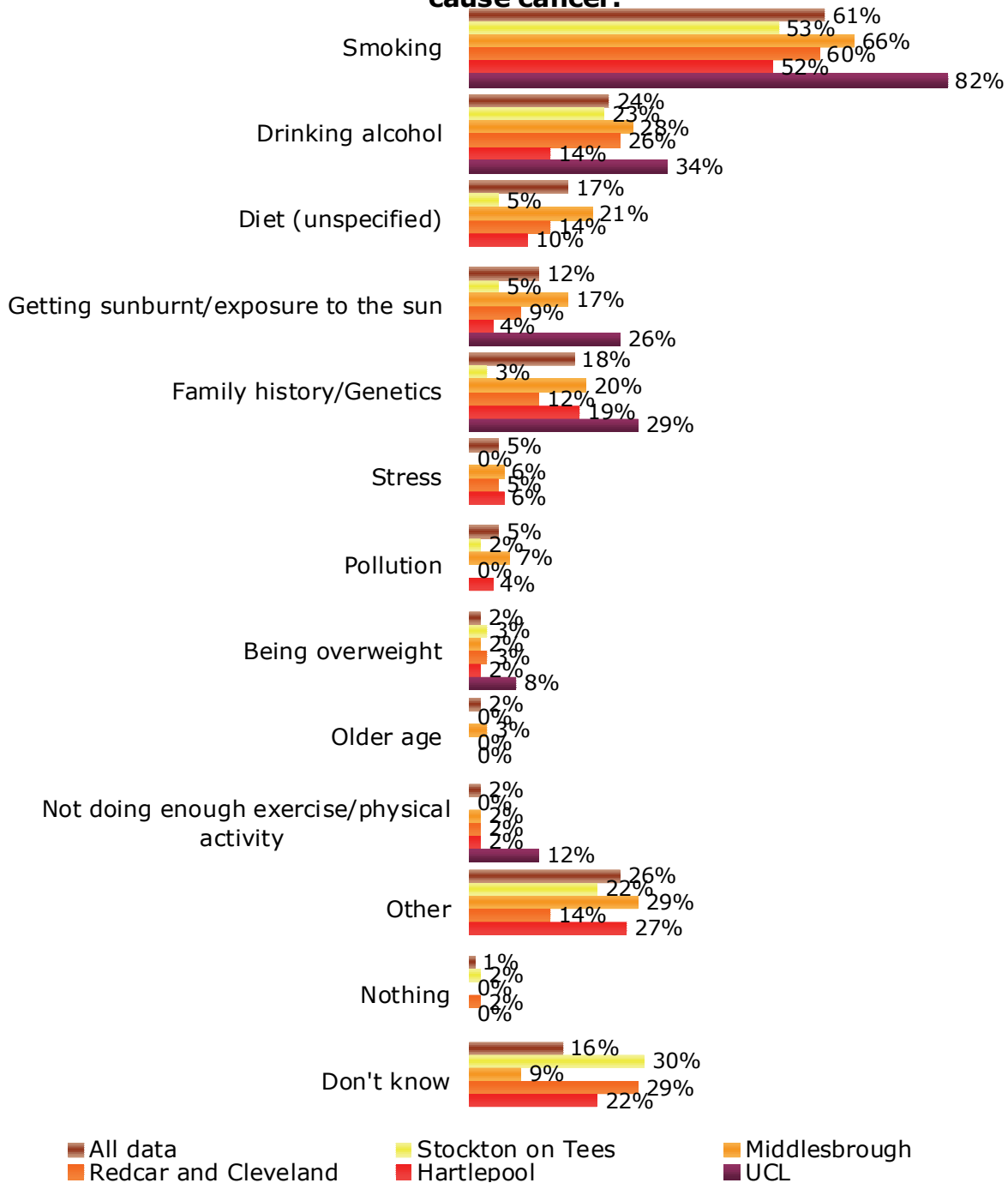
By far the most common response, given by 61% of the total sample, was smoking. However, 11% of these respondents were only able to give this cause and no further causes.

Drinking alcohol (24%) and diet (17%) were also common responses but were mentioned by a relatively low proportion of the sample. Ever smaller proportions of the sample also mentioned the following factors: sunburn (12%), family history and genetics (18%), stress (5%), pollution (5%), being overweight (2%), older age (2%) and not doing enough exercise (2%), in addition to a minority of other responses.

When compared to the UCL data, respondents in the Tees sample were less able to spontaneously name the main causes of cancer and the average number of risks mentioned (1.5) was lower than in the UCL sample (2.1).

It is concerning that 16% said they could not name any factors that can cause cancer. These respondents were significantly more likely to be in the Stockton on Tees (30%), Redcar and Cleveland (29%) and Hartlepool (22%) sub-samples. In contrast, respondents from Middlesbrough were significantly more likely to name the most common causes of cancer than those in any other geographical sub-sample.

**Figure 6a: Spontaneous awareness of factors that may cause cancer.**



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

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116, UCL - 2216

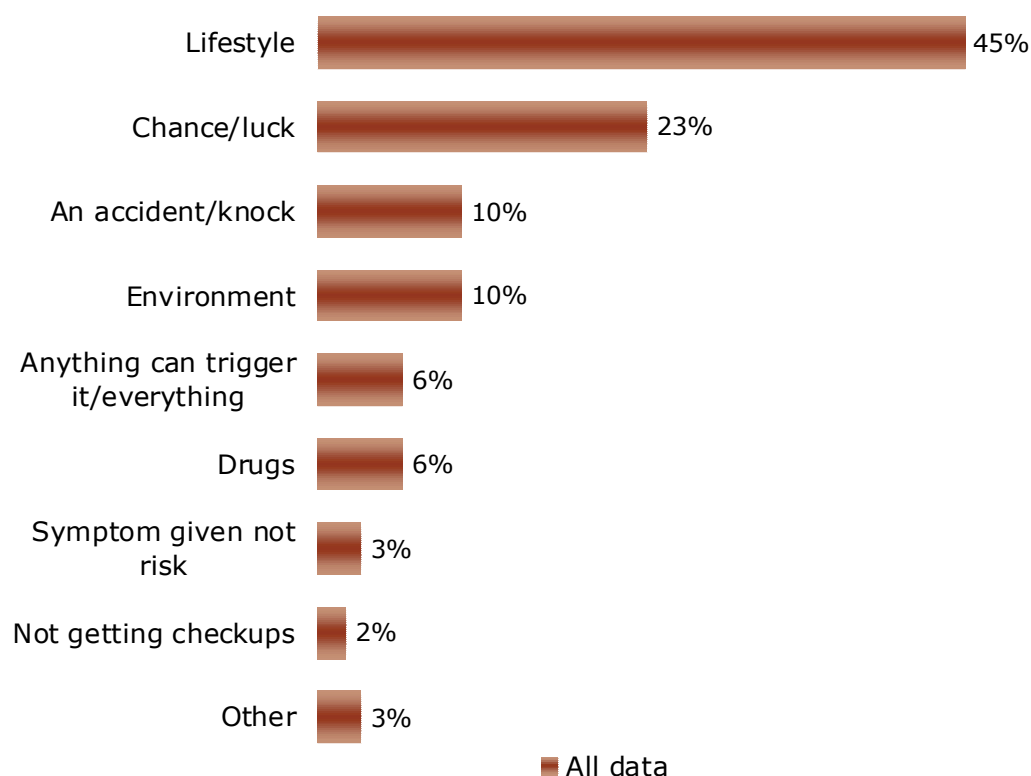
Over one quarter of the sample (26%) named 'other' causes of cancer not specified within the CAM toolkit, and these are shown in Figure 6b.

**Please note that only the total responses have been shown due to the small base size and caution should be used in the interpretation of this data.**

As shown, by far the most common 'other' response given by the sample was 'lifestyle', with 45% giving this response. 'Chance/luck' was also given by 23% of the sample. This is interesting as to some extent this mirrors the list of factors contributing to cancer, as assessed at Q11 and discussed in Section 6.7.

'Other' causes of cancer given by the sample included environment, drugs, not getting checkups, lack of sleep, habits, heart disease and operations.

**Figure 6b: Spontaneous awareness of factors that may cause cancer - other responses.**



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

Base: Respondents who gave 'other' responses - 154, Stockton on Tees - 13, Middlesbrough - 102, Redcar and Cleveland - 8, Hartlepool - 31

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The next question in the survey used a prompted format to assess awareness of factors which may increase the chances of getting cancer. Respondents were asked the following: 'Medical scientists suggest that these are some of the things that can increase the chances

of getting cancer. How much do you agree that each of the following can increase the chances of getting cancer?' Figure 7 on the following page, shows the percentage of 'agree' and 'strongly agree' responses only.

Respondents were most likely to agree that the following factors were causes of cancer: smoking any cigarettes at all (83%), having a close relative with cancer (71%), exposure to another person's cigarette smoke (70%) and getting sunburnt more than once as a child (65%).

There were low levels of agreement for each of the following: doing less than 30 minutes of moderate physical activity 5 times a week (20%), eating less than 5 portions of fruit and vegetables a day (20%) and eating red or processed meat once a day or more (18%).

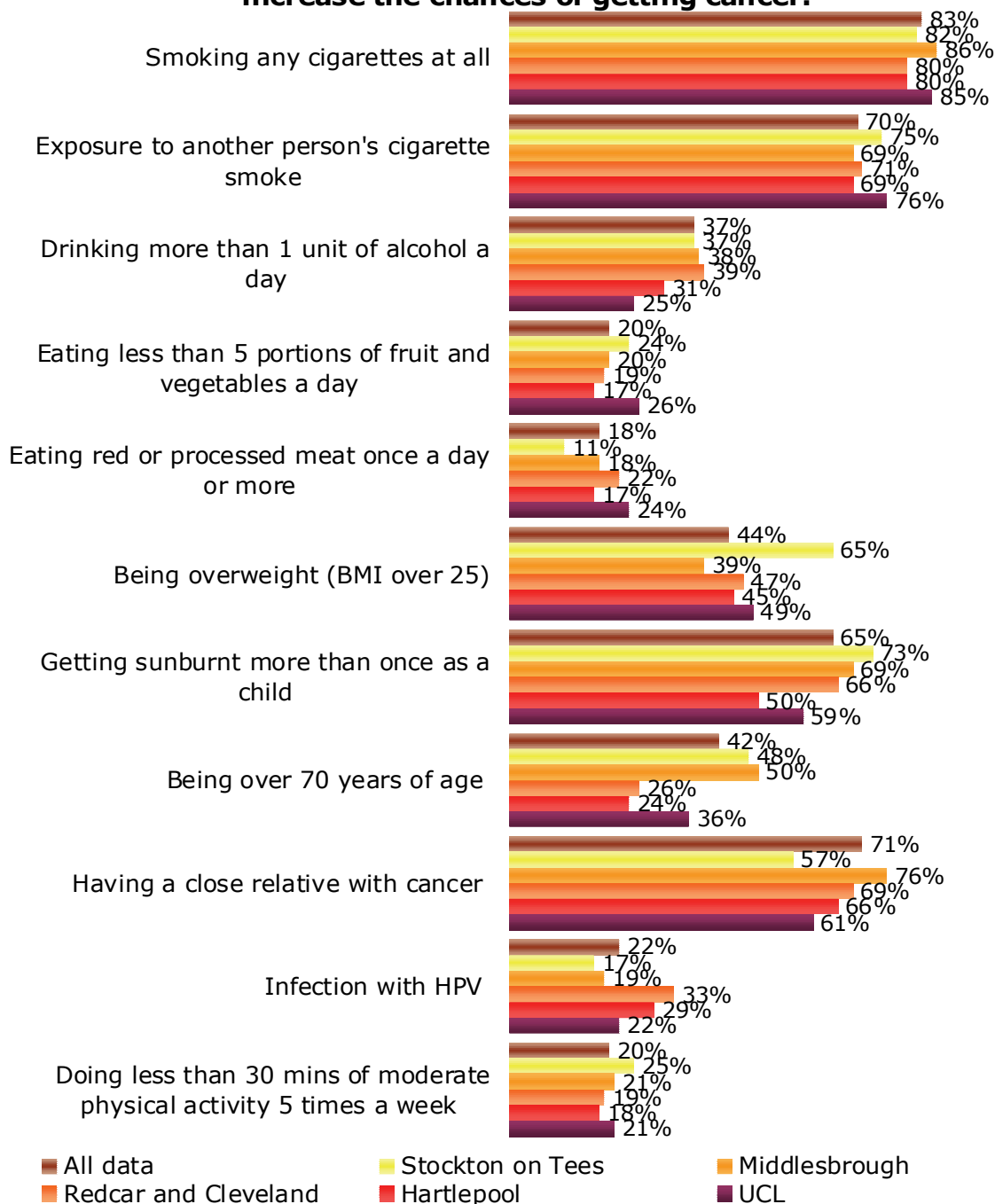
Only 22% of the sample agreed that infection with human papillomavirus (HPV) could cause cancer and a high proportion (66%) gave the response 'not sure'. Previous CAM surveys undertaken have shown a higher level of agreement with regard to infection with HPV amongst females, which is unsurprising given that HPV infection can lead to cervical cancer, however in the Tees sample there is little difference between male and female responses.

In most cases prompted awareness is similar to or higher than that observed within the UCL data and this is illustrated by the fact that the mean number of risk factors recognised in both the UCL and Tees data sets was 4.9.

Respondents in the SEG group E were generally more likely to give the response 'not sure' to many of the risks listed, but were also significantly more likely to give the response 'strongly agree' to the following risks: smoking any cigarettes at all (43%), exposure to another person's cigarette smoke (27%), drinking more than 1 unit of alcohol a day (17%), getting sunburnt more than once as a child (30%), being over 70 years old (11%) and having a close relative with cancer (21%).

Respondents in Middlesbrough were significantly more likely to give a 'not sure' response to many of the risks listed including exposure to another person's cigarette smoke (23%), eating less than 5 portions of fruit and vegetables a day (33%), eating red and processed meat once a day or more (38%), being overweight (35%), infection with HPV (72%) and doing less than 30 minutes of moderate physical exercise 5 times a week (42%).

**Figure 7: Prompted awareness of factors which may increase the chances of getting cancer.**



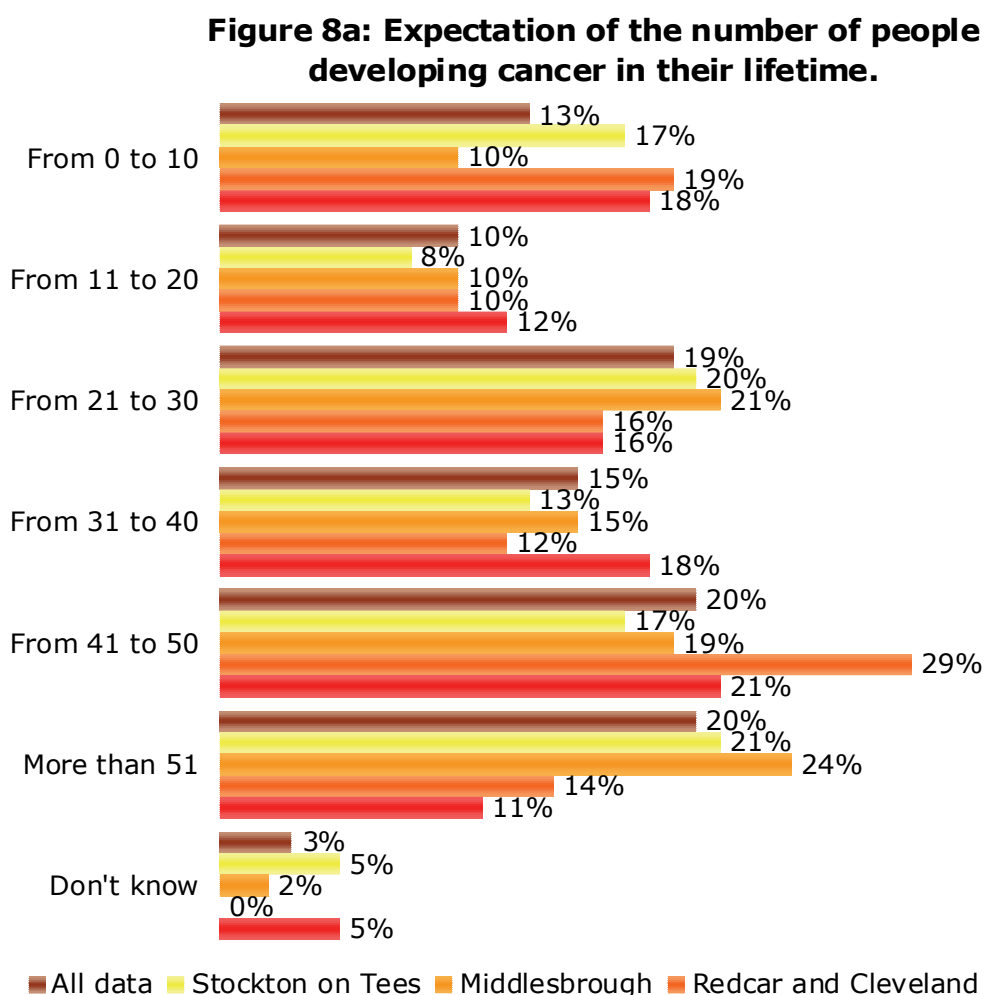
**Q7. How much do you agree that each of these can increase the chances of getting cancer?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116, UCL - 2216



## 6.4. The Number of People who Develop Cancer

Respondents were shown a picture of 100 people and were asked how many people out of this 100 they thought would develop cancer at some point in their lives. Responses are shown in Figure 8a.



### Q8a. Out of 100 people how many do you think will develop cancer at some point in their life?

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

Around one in three people develop cancer in their lifetime. Only 15% of respondents thought that between 31 and 40 people would develop cancer at some point in their lives and were thus correct in this regard.

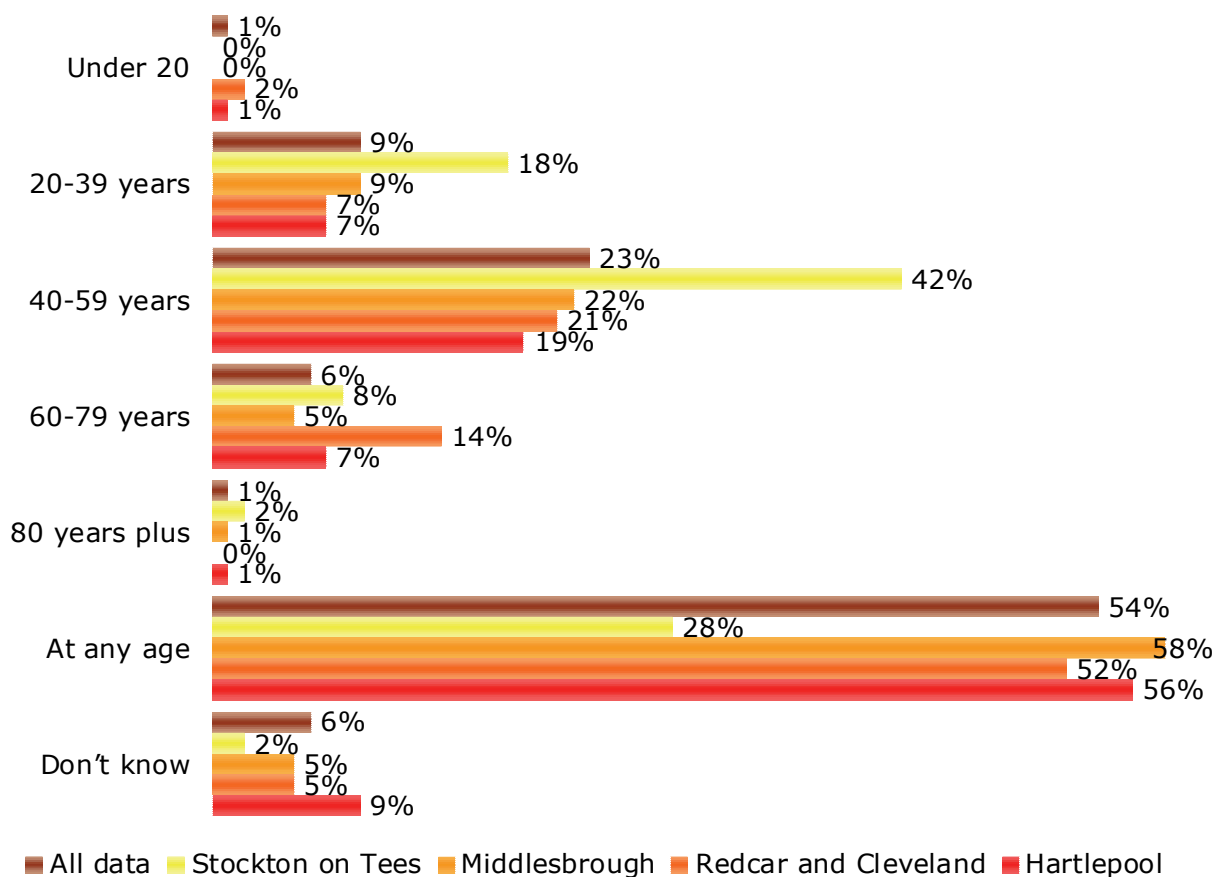
A roughly equal proportion of respondents estimated lower and higher, with 42% suggesting less than 31 people out of 100 and 40% suggesting more than 40 people out of 100 would develop cancer.

Female respondents tended to over-estimate incidence compared to males (mean score = 39.7 versus 30.66). This is reflected by the fact that males were significantly more likely to estimate 0 to 10 people (16%), whereas females were significantly more likely to estimate 41 to 50 people (25%).

Some variation is also evident in terms of ethnicity and age with BME respondents more likely to estimate that between 0 and 20 will develop cancer in their lifetime (mean score = 15.2) and younger respondents more likely to estimate lower (mean score = 23.0).

Respondents were then asked at what age they think people are most likely to develop cancer. Responses are shown in Figure 8b.

**Figure 8b: Expectation of the age people develop cancer.**



**Q8b. At what age do think people are most likely to develop cancer?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

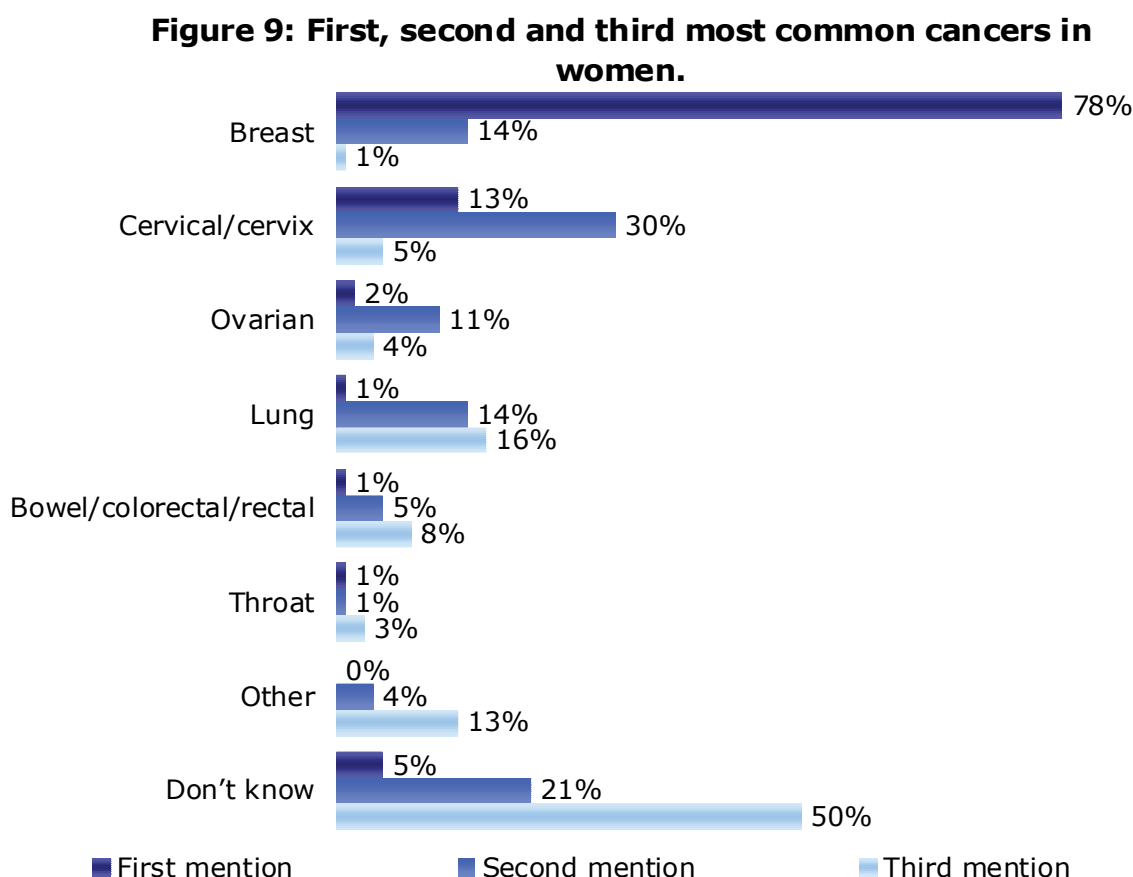
The risk of developing cancer is closely related to increasing age and therefore people are most likely to develop cancer at 80 years old and above. Only 6 respondents (1%) correctly estimated that people are most likely to develop cancer at 80 years old and above, which shows a distinct lack of awareness.

The majority of respondents (54%) suggested that people are most likely to develop cancer 'at any age' and female respondents (57%), those from Middlesbrough (58%) and respondents in SEG category E (60%) were significantly more likely to give this response. This response indicates that many respondents do not connect the development of cancer with the increase of age and reflects the responses given in Q7viii, where only 42% agreed that being over 70 years old could increase a person's chances of getting cancer.

To some extent estimation of the age at which people will develop cancer is linked to respondent age and younger respondents were significantly more likely to suggest that people develop cancer between 20 to 39 years of age (20% of 18-24 year olds) and older respondents were significantly more likely to suggest that people develop cancer at any age (66% of 55-64 year olds).

## 6.5. Awareness of Different Types of Cancer

Respondents were asked what they thought were the first, second and third most common cancers in both men and women. The data for the whole sample is shown in Figures 9 (women) and 10 (men) and further information, breaking this data down by NHS area, can also be seen in Figures 20a-f in Appendix 8.2.



### Q9i-iii. What is the first/second/third most common cancer in women?

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

According to Cancer Research UK the three most common cancers in women are in descending order – breast, lung and colorectal, while the three most common in men are prostate, lung and colorectal<sup>6</sup>, although there are regional variations.

Respondents correctly named breast cancer as the most common cancer in women with almost all respondents (93%) mentioning this at either the first, second or third mention, the majority (78%) at the first mention.

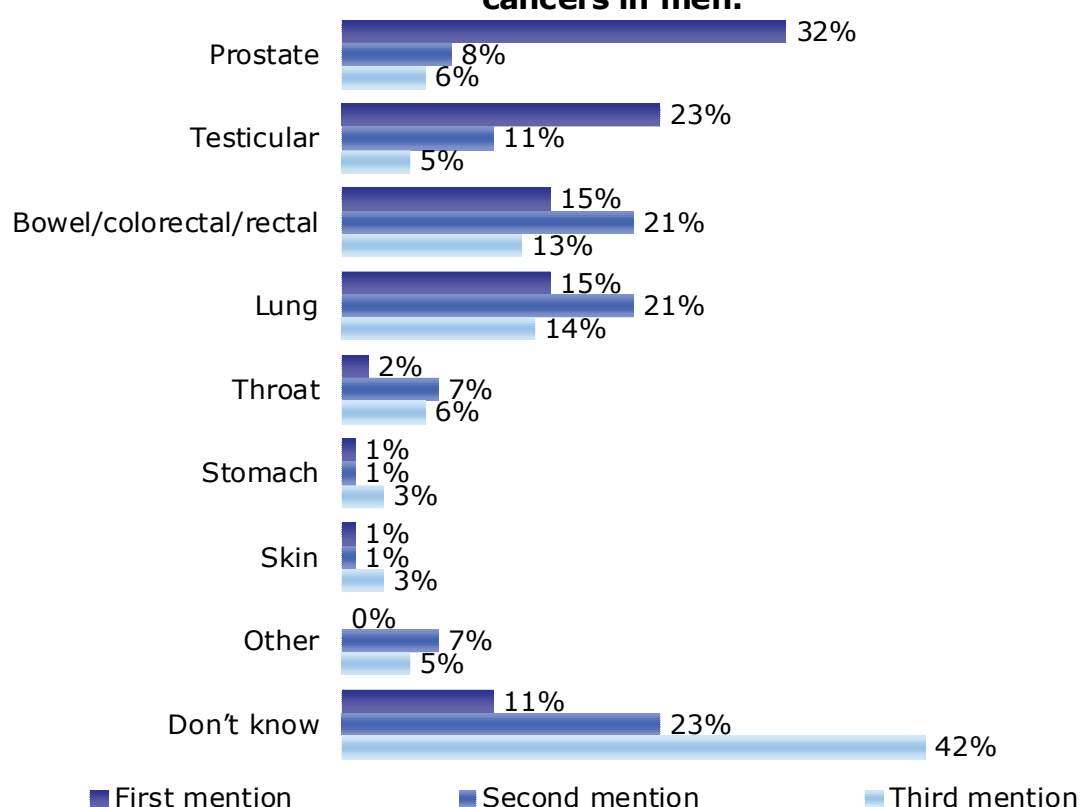
<sup>6</sup> <http://info.cancerresearchuk.org/cancerstats/incidence/commoncancers/>

Cervical cancer was named the second most common cancer in women, with 48% recall across the first, second and third mentions. Although a high proportion of respondents think cervical cancer is one of the most common cancers in women, cervical cancer actually affects a relatively small proportion of women in relation to other types of cancer.

Only 31% and 14% respectively named the second and third most common cancer in women, lung and colorectal cancer.

Female respondents were significantly more likely to say cervical cancer at the combined first, second and third mentions (56%) than males (39%) and white respondents were more likely to be able to name all of the most commonly perceived cancers in women than BME respondents.

**Figure 10: First, second and third most common cancers in men.**



**Q9iv-vi. What is the first/second/third most common cancer in men?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

Respondents were most likely to think that prostate cancer is the most common cancer in men based on the first mention only (32%), however when considering the combined first,

second and third mentions lung cancer was named the most common cancer in men (50%). Testicular (39%) and bowel/colorectal (49%) cancer were also mentioned by a high proportion of the sample overall.

It is interesting that respondents are much more likely to think that males will contract both lung cancer (50%) and bowel/colorectal cancer (49%) than females (31% for lung cancer and just 14% for colorectal cancer), when these cancers are actually some of the most common cancer in both males and females in the UK.

As testicular cancer is more likely to affect younger men, while prostate cancer is more likely to affect older men, the relationship between age and awareness of different types of cancer in men is important. Tables 9a and 9b below show the variation according to age and spontaneous awareness of both testicular and prostate cancer within men only.

**Tables 9a: Age and awareness of prostate cancer in males.**

Prostate cancer	Age					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years plus
First mention	15%	22%	22%	21%	37%	38%
Combined first/ second/third mention	26%	39%	40%	40%	51%	56%

**Tables 9b: Age and awareness of testicular cancer in males.**

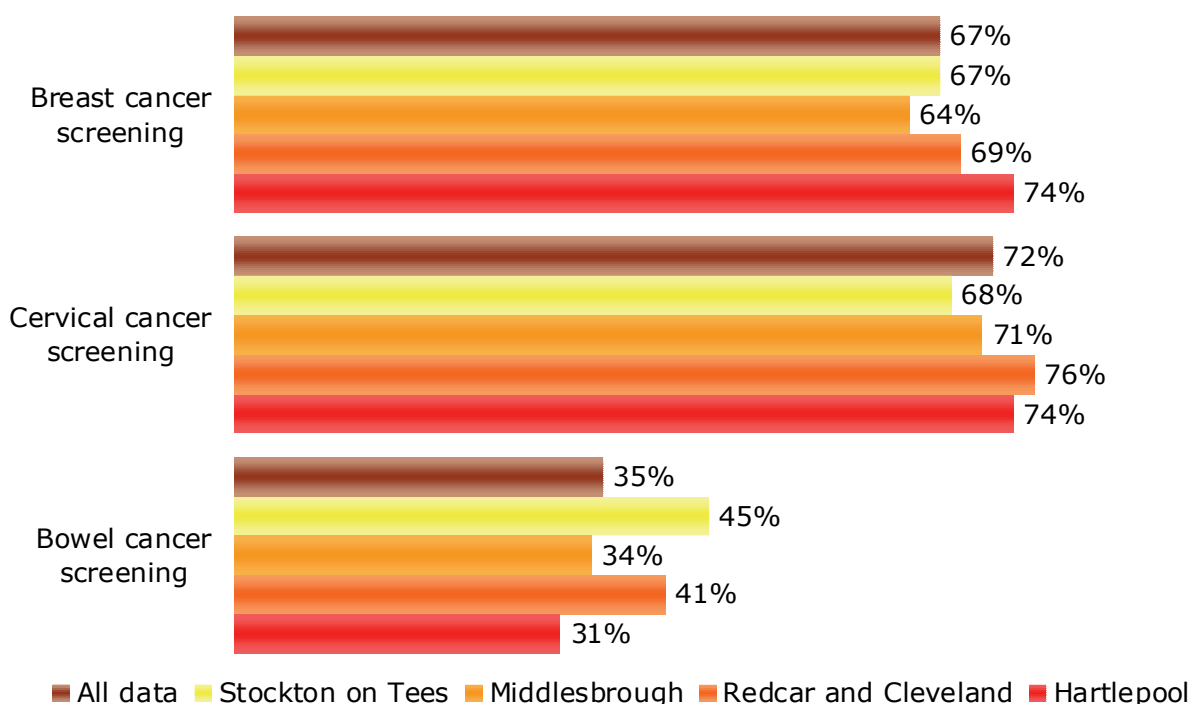
Testicular cancer	Age					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years plus
First mention	36%	47%	31%	5%	9%	9%
Combined first/ second/third mention	59%	67%	53%	16%	35%	23%

As can be seen in the tables, there is a direct association between age and awareness of prostate cancer in men, which is encouraging. Younger respondents (those aged 18-34 years) are generally more likely to spontaneously name testicular cancer on the first mention and on combined first, second and third mention older respondents are less likely to be aware of testicular cancer than younger respondents.

## 6.6. Awareness of NHS Cancer Screening Programmes

This section of the survey questioned respondents about their awareness of the NHS screening programmes for breast cancer, cervical cancer and bowel cancer. The percentage of respondents who said they were aware of these screening programmes is shown in Figure 11 below.

**Figure 11: Awareness of NHS cancer screening programmes**



**Q10i,iii, v. Is there NHS breast, cervical, bowel cancer screening programme?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

Respondents were significantly more likely to be aware of both the NHS breast cancer (67% awareness) and cervical cancer (72% awareness) screening programmes than they were of the NHS bowel cancer (35% awareness) screening programme. Lower levels of awareness for the NHS bowel cancer screening programme are to be expected, as this programme has been operating for considerably less time than breast and cervical cancer screening, however these levels are lower than those observed in other CAM surveys undertaken by Public Knowledge.

Respondents in Middlesbrough were more likely to give the response 'don't know' when asked about breast cancer screening (33%) whereas respondents in Hartlepool were significantly more likely to be aware of breast cancer screening (74%). Awareness of cervical cancer screening was generally high in all NHS areas, with the exception of Stockton on Tees where only 68% said they were aware of cervical cancer screening. Awareness of bowel cancer screening was lowest in Middlesbrough (34%) and Hartlepool (31%) although not significantly so.

A significant difference also exists in relation to personal experience of cancer and awareness, with those who have no personal experience of cancer significantly more likely to give the response 'don't know' when asked about breast and cervical cancer screening programmes.

**Table 10a: Gender, ethnicity and awareness of the NHS cancer screening programmes.**

<b>NHS Screening Programme Awareness</b>	<b>Males</b>	<b>Females</b>	<b>White</b>	<b>BME</b>
<b>Breast cancer</b>	53%	77%	67%	65%
<b>Cervical cancer</b>	50%	89%	72%	71%
<b>Bowel cancer</b>	37%	34%	36%	29%

As would be expected, female respondents were significantly more likely to be aware of both the NHS breast and cervical cancer screening programmes than men were, but in contrast to findings in other CAM surveys female respondents were no more likely to be aware of the bowel cancer screening programme (Table 10a).

As shown in Table 10b, regardless of gender, older respondents were generally more likely to be aware of each of the NHS cancer screening programmes. This is with the exception of awareness of the cervical cancer screening programme, which is consistently high in females of all ages and consistently lower in males of all ages. This result is unsurprising given the younger age of first screening for women.



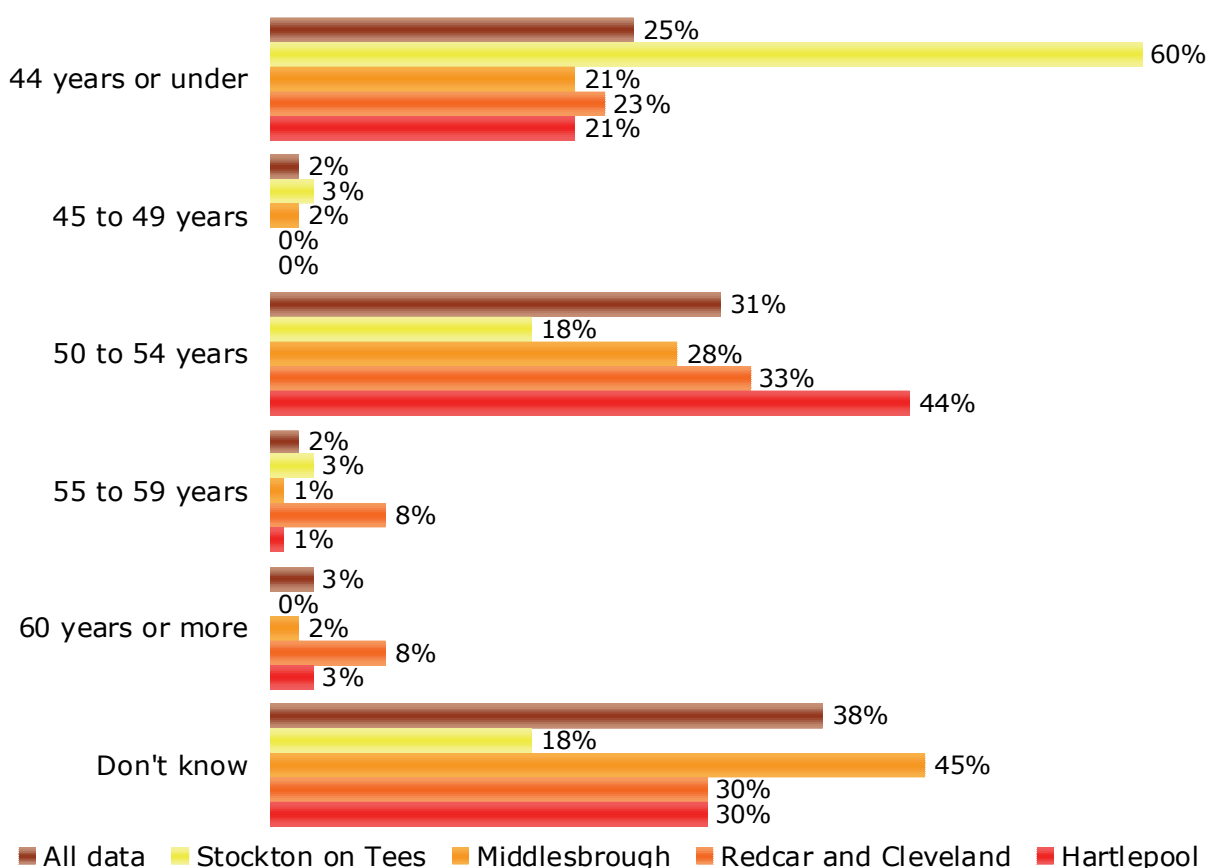
**Table 10b: Age and awareness of the NHS breast, cervical and bowel cancer screening programmes.**

NHS Screening Programme Awareness	Age of Respondent					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years plus
<b>Breast cancer (males)</b>	54%	50%	41%	53%	60%	62%
Breast cancer (females)	64%	70%	74%	78%	95%	87%
<b>Cervical cancer (males)</b>	51%	58%	45%	42%	54%	49%
Cervical cancer (females)	81%	92%	95%	93%	93%	78%
<b>Bowel cancer (males)</b>	18%	25%	24%	32%	49%	64%
Bowel cancer (females)	25%	17%	28%	35%	55%	56%

Respondents in the SEG category E were significantly more likely to give the response 'don't know' when asked about awareness of cancer screening programmes and those who do not smoke were significantly more likely to be aware of bowel cancer screening (40%) compared to smokers (29%).

Respondents who were aware of each of the NHS cancer screening programmes were then asked at what age they thought people were screened, using an open response format. The coded responses are shown in Figures 12-14 on the following pages.

**Figure 12: Awareness of the age of invitation for NHS breast cancer screening.**



**Q10ii. At what age do you think women are first invited for breast cancer screening?**

Base: Respondents who were aware of NHS screening programme - 391, Stockton on Tees - 40, Middlesbrough - 225, Redcar and Cleveland - 40, Hartlepool - 86

Women are typically invited to attend breast cancer screening between 50-53 years of age, however, only 31% of the total sample correctly attributed the age of invitation for breast cancer screening.

Another 27% of the sample thought women are first invited to attend breast cancer screening before the age of 50, with a large percentage (25%) saying the age of first invitation is before 44 years. The mean score of 39.3 years reflects the large percentage of respondents who thought women are invited to attend breast cancer screening before they

are 50 years old. A high percentage of the sample (38%) also said they did not know when the first age of invitation is. These respondents were significantly more likely to be from Middlesbrough (45%), to be male (48%) and be aged between 18 and 34 years (51% of 18-24 year olds and 50% of 25-34 year olds).

Respondents in Hartlepool were significantly more likely to correctly attribute the initial age of screening (44%) and those in Stockton on Tees were significantly less likely to do so (18%).

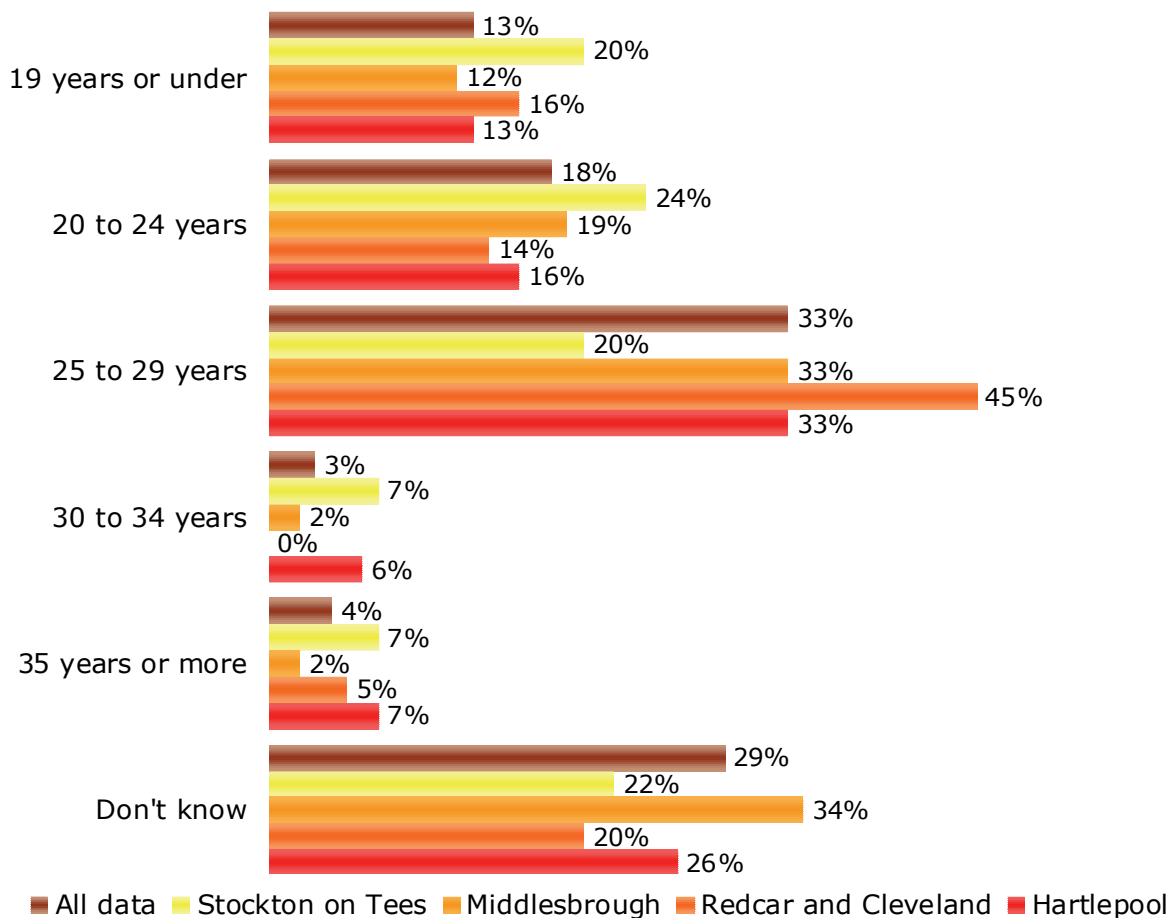
As would be expected, women (42%) were significantly more likely to correctly attribute the age of invitation for breast cancer screening than males were (9%) and Table 11 shows the relationship between age and correct attribution of the age of invitation for breast cancer screening in female respondents only.

**Table 11: Age and correct attribution of the age of invitation for breast cancer screening in females.**

Age of invitation for breast cancer screening	Age of Respondent					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years plus
50-54 years of age	9%	24%	42%	67%	62%	45%

Women in the target age range were significantly more likely to correctly attribute the age of first invitation for breast cancer screening, whilst younger women were significantly less likely to do so.

**Figure 13: Awareness of the age of invitation for NHS cervical cancer screening.**



**Q10iv. At what age do you think women are first invited for cervical cancer screening?**

Base: Respondents who were aware of NHS screening programme - 421, Stockton on Tees - 41, Middlesbrough - 250, Redcar and Cleveland - 44, Hartlepool - 86

Women are currently invited to attend cervical cancer screening between 25 and 29 years of age, however until relatively recently women were invited to attend from the age of around 20 years.

As such, 33% of the sample correctly attributed the age of first invitation for cervical cancer screening. An additional 18% opted for the slightly lower 20-24 year age band and the mean score of 21.8 years reflects this correct attribution by a large percentage of the sample.

As would be expected, females were significantly more likely to correctly attribute the age of cervical cancer screening (60% said 20-29 years) than males (31%). Males (42%) were

also significantly more likely to give the response 'don't know', as were older respondents (aged 65 plus = 42%).

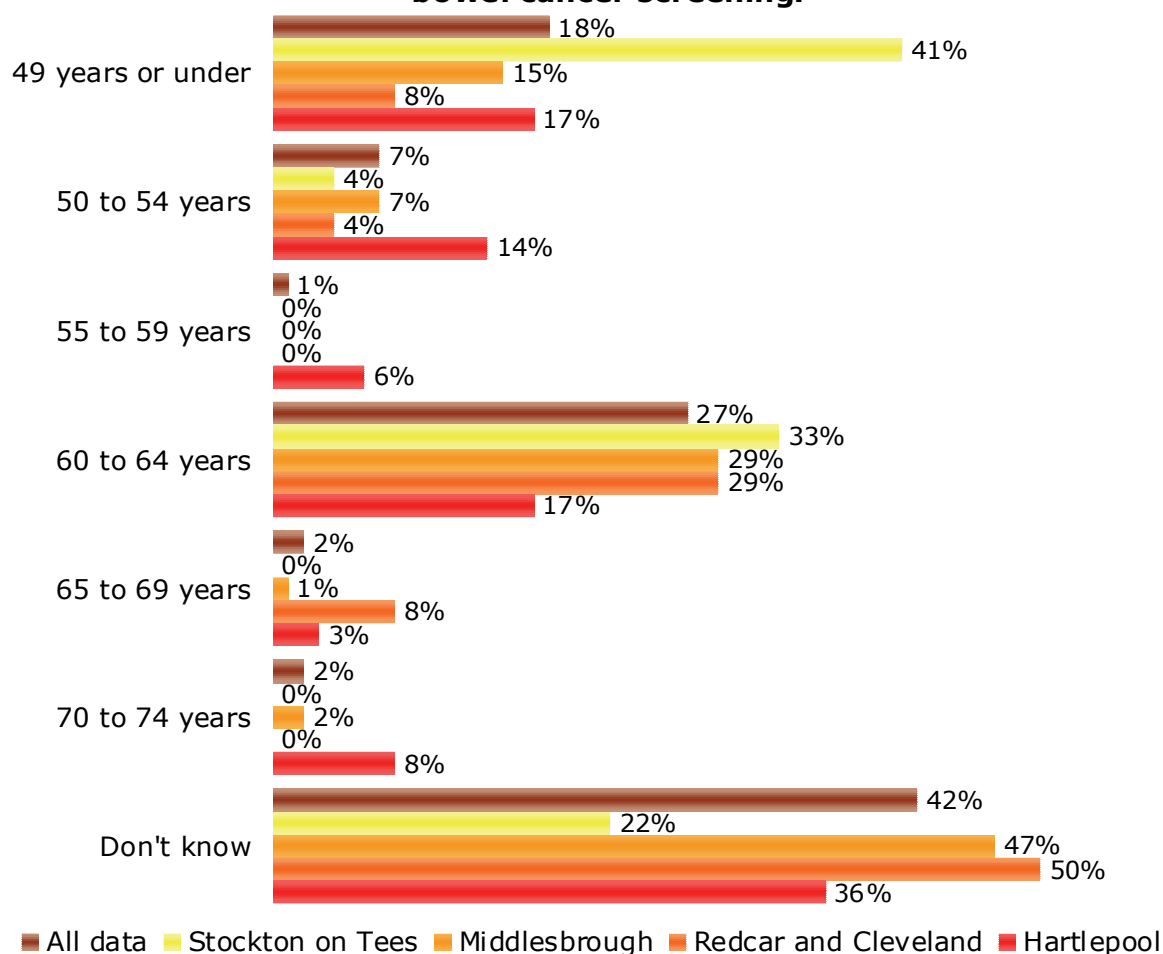
Table 12 shows the relationship between age and invitation for cervical cancer screening amongst female respondents only.

**Table 12: Age and correct attribution of the age of invitation for cervical cancer screening in females.**

Age of invitation for cervical cancer screening	Age of Respondent					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years plus
<b>19 years or younger</b>	2%	11%	26%	4%	22%	0%
<b>20-24 years</b>	21%	21%	31%	24%	12%	10%
<b>25-29 years</b>	53%	46%	28%	45%	32%	31%

As can be seen above, 18-24 year old and 25-34 year old females were most likely to correctly attribute the age of screening for cervical cancer, with more than half of 18-24 year olds and almost half of 25-34 year olds correctly attributing age of initial invitation. This result is likely due to their being recently asked to attend screening.

**Figure 14: Awareness of the age of invitation for NHS bowel cancer screening.**



**Q10iv. At what age do you think people are first invited for bowel cancer screening?**

Base: Respondents who were aware of NHS screening programme - 206, Stockton on Tees - 27, Middlesbrough - 119, Redcar and Cleveland - 24, Hartlepool - 36

Men and women are first invited for NHS bowel cancer screening between 60 and 69 years of age. As such, only 29% of the sample correctly attributed the age of invitation, with a majority (27%) giving an answer between 60-64 years.

However, 26% of the sample misattributed the first age of invitation as below 60 years of age. The mean score of 47.6 years reflects this misattribution and suggests there is still some lack of awareness as to age of initial invitation to attend bowel cancer screening. Correct attribution was lowest in Hartlepool, with only 20% of respondents identifying 60-69 years of age as the age of initial invitation.

There was a direct relationship between respondent age and correct attribution of the age of invitation for bowel cancer screening as can be observed in Table 13 below.

**Table 13: Age and attribution of the age of invitation for bowel cancer screening.**

Age of invitation for bowel cancer screening	Age of respondent					
	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65 years plus
60-64 years	0%	20%	3%	13%	51%	40%
65-69 years	0%	0%	0%	0%	0%	6%

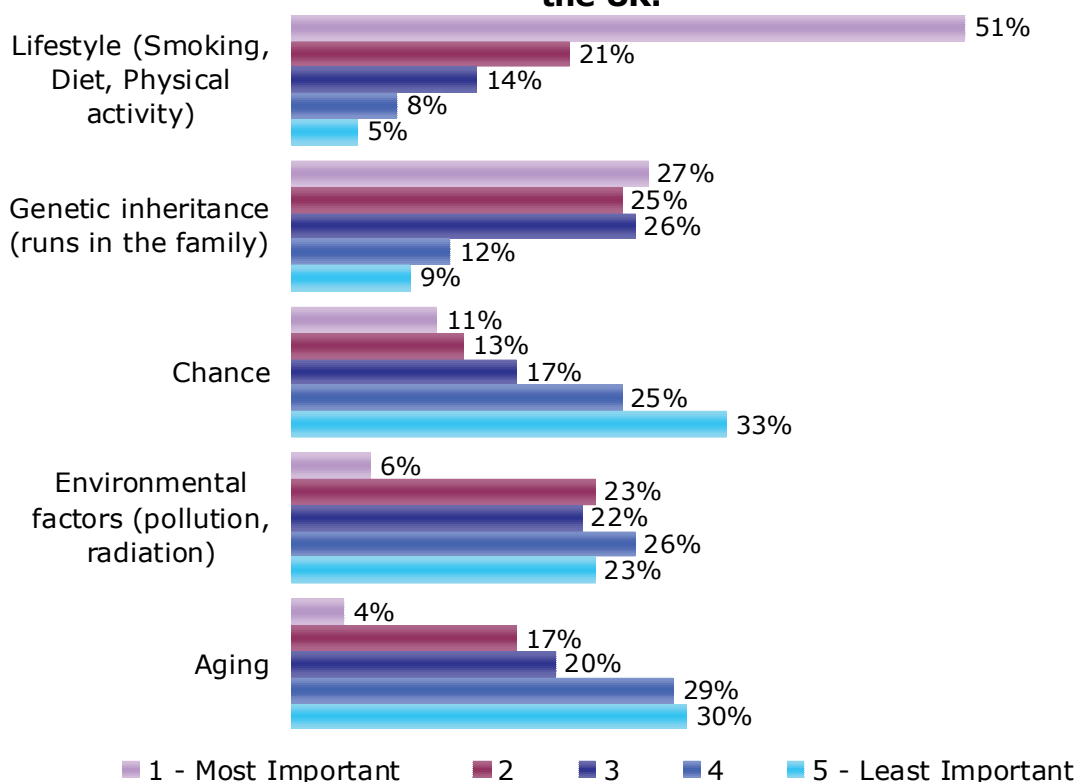
Respondents aged 55-64 years (51%) and 65 years and above (40%) were more likely to correctly attribute the age of NHS bowel cancer screening.

A high percentage of respondents (42%) gave a 'don't know' response to this question, with the majority of these responses coming from respondents aged 35-54 years (66% of those aged 35-44 years and 71% of those aged 45-54 years). Respondents in Middlesbrough in particular gave the response 'don't know' (47%).

## 6.7. Factors Contributing to Cancer Incidence

Respondents were next asked to put 5 factors in order of how much they think they contribute to cancer in the UK, with 1 being the most important and 5 being the least important. These factors were: Chance, Aging, Environmental factors (e.g. pollution, radiation), Genetic inheritance (e.g. runs in the family) and Lifestyle (e.g. smoking, diet, physical activity). The data for the whole sample is shown in Figure 15a, mean scores are presented in Figure 15b and further information, breaking this data down by NHS area, can also be seen in the Appendices in Section 8.3.

**Figure 15a: Factors contributing to cancer incidence in the UK.**

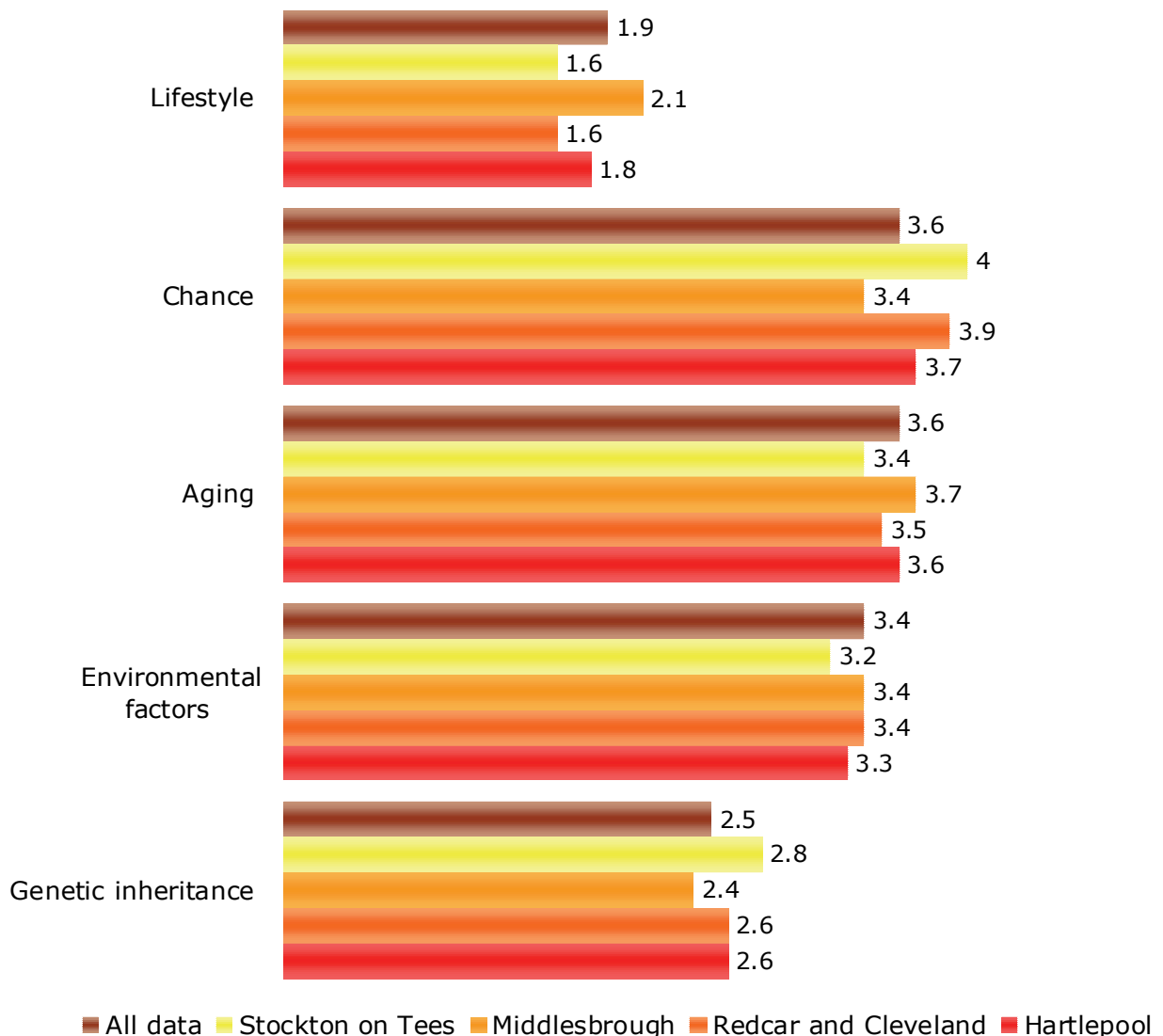


**Q11. Please put the following things in order of how much you think they contribute to cancer in the UK?**

Base: All respondents - 585



**Figure 15b: Factors contributing to cancer incidence in the UK - Mean Scores**



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

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

Overall, lifestyle was considered to be the most important factor contributing to cancer in the UK, with 51% of the sample selecting this as the factor which contributes the most, in addition to the lowest mean score of 1.9 (with 1 being the most important factor).

This was followed by genetic inheritance, with 27% of the sample selecting this as the most important factor and a mean score of 2.5.

When considering all rankings, the picture for chance, environmental factors and aging is less clear cut. For example, although 11% rated chance the most important factor, compared to just 6% for environmental factors and 4% for aging, respondents were also most likely to rate chance the least likely factor (33%) and similar mean scores were obtained in each case.

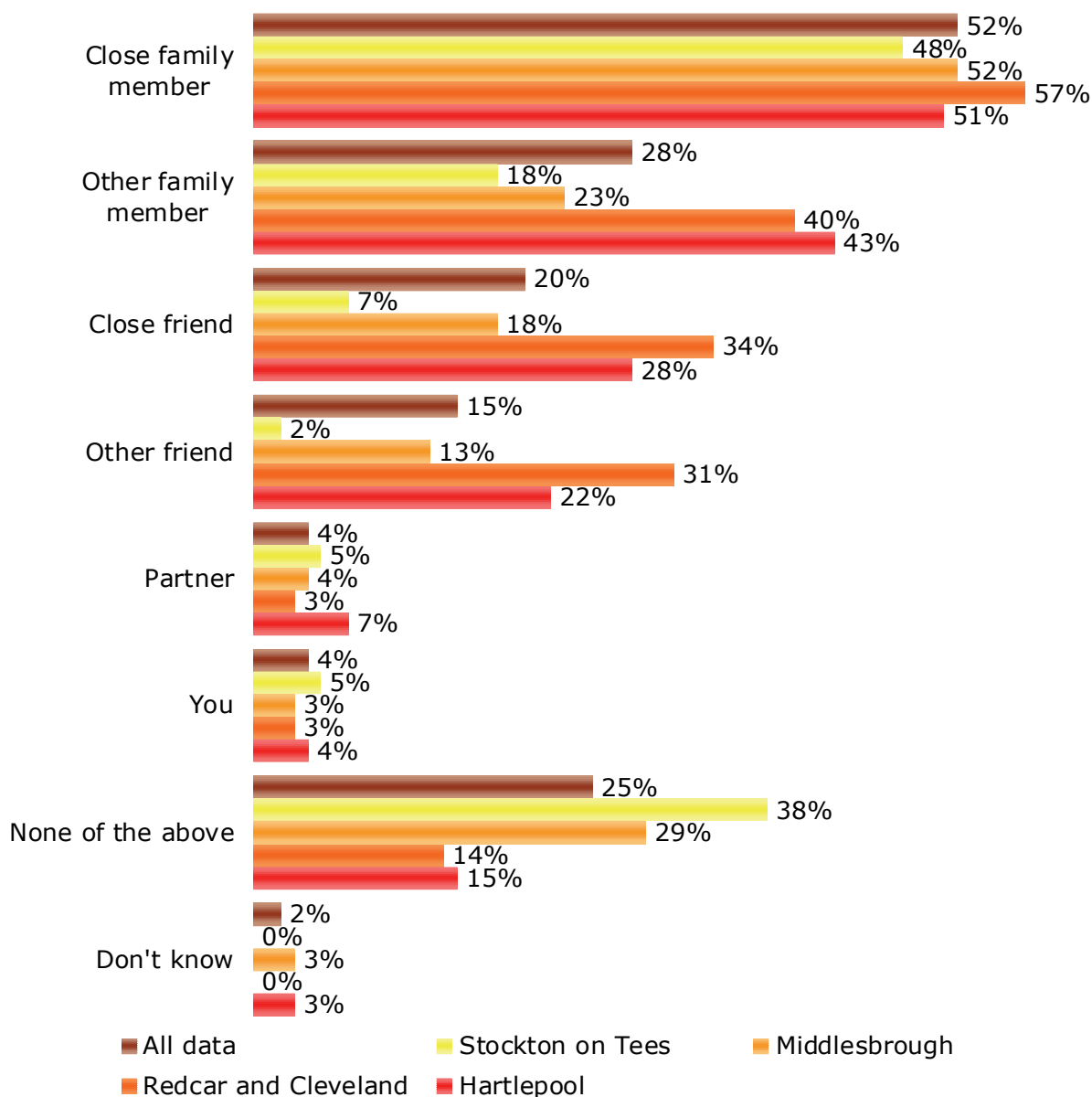
Respondents in Middlesbrough were significantly more likely to rate lifestyle (7%) and environmental factors (26%) as the least important factors than those in any other areas, but they were also significantly more likely to rate chance (15%) and genetic inheritance (32%) as the most important factors.

There was some variation by gender, with females (31%) significantly more likely to rate genetic inheritance as the most important factor compared to males (21%). Interestingly there was also some variation between smokers and non-smokers, with smokers more likely to rate lifestyle (7%) and environmental factors (28%) as the least important factors.

## 6.8. Personal Experience of Cancer and Screening

The final section of the main body of the survey asked respondents about their personal experiences of cancer (Figure 16) and attendance of screening for breast, cervical and bowel cancer (Figures 16-18).

**Figure 16: Experience of cancer amongst respondents**



### Q12. Have you or any of your family or close friends had cancer?

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116.

Most respondents have some experience of cancer and 52% report that a 'close' family member has suffered from cancer, 28% an 'other' family members and 20% a 'close' friend.

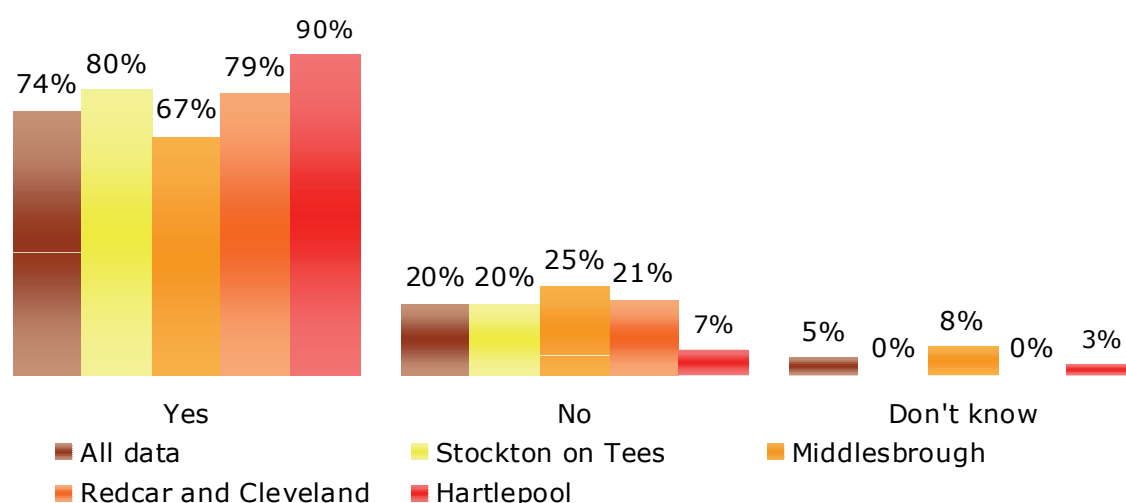
A small proportion (4%) of respondents have themselves suffered from cancer and as would be expected this is higher amongst those aged 55-64 (10%) and 65 years and above (6%) although the difference is only significant for the former group.

A quarter of respondents (25%) gave the answer 'none of the above'. As would be expected, the youngest age bands (33% of 18-24 year olds) were more likely to give this response (non-significant), while older respondents were more likely to have personal experience of cancer.

Respondents in Stockton (38%) and Middlesbrough (29%) were significantly more likely to give the response 'none of the above' and as such were less likely to have some personal experience of cancer.

Female respondents aged 50 years and over were asked if they had ever received an invitation to breast cancer screening (mammogram) and responses are shown in Figure 16a.

**Figure 16a: Breast cancer screening invitation amongst females aged 50 plus**



**Q13a. Have you ever recieved an invitation to breast cancer screening?**

Base: All female respondents age 50 plus - 128 , Stockton on Tees - 10, Middlesbrough - 75, Redcar and Cleveland - 14, Hartlepool - 29.

**WARNING LOW BASE SIZES.**

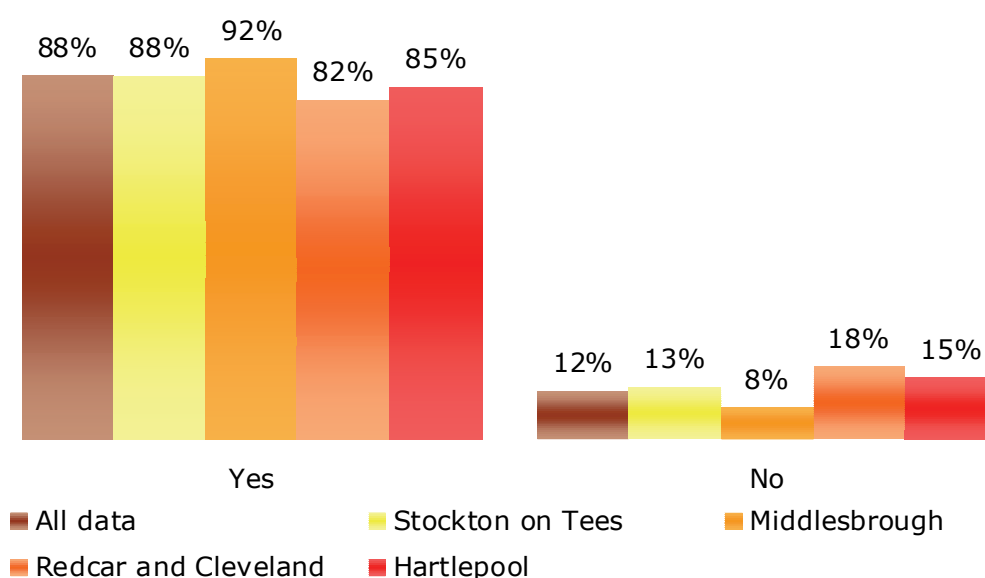
Three quarters (74%) of women aged 50 years and above have received an invitation to breast cancer screening (mammogram).

Invitation rates were significantly higher (90%) in Hartlepool which is positive given the higher rates of breast cancer incidence in this area, but were significantly lower in Middlesbrough (67%).

As might be expected, invitation rates were also significantly higher amongst women aged 54-65 year (86%) than those aged 50-53 (73%) and those aged 65 years and above (65%).

Women who said they had received an invitation were then asked if they had attended the screening (Figure 16b).

**Figure 16b: Breast cancer screening uptake amongst females aged 50 plus**



**Q13ai. Have you ever attended breast cancer screening?**

Base: All who said 'yes' at Q13a - 95 , , Stockton on Tees - 8, Middlesbrough - 50, Redcar and Cleveland - 11, Hartlepool - 26.

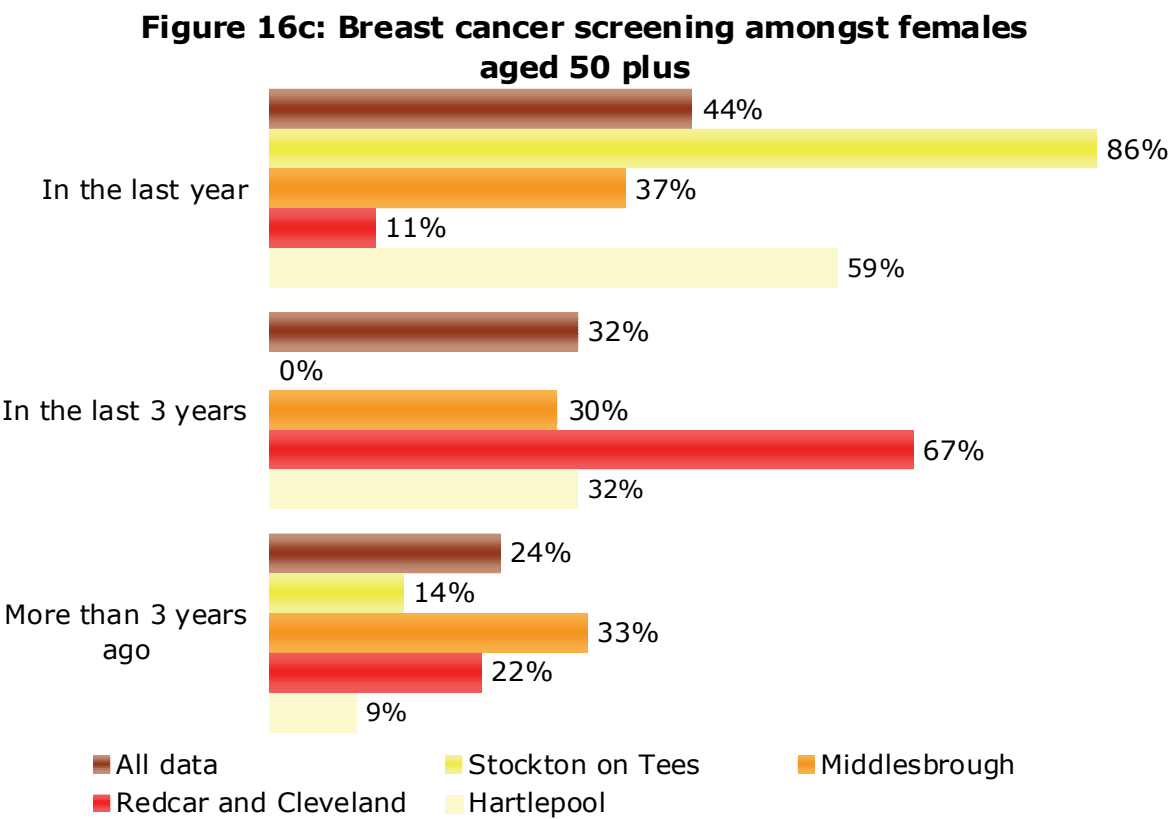
**WARNING LOW BASE SIZES.**

There are fairly high levels of uptake for breast cancer screening with 88% of those who received an invitation attending screening.

There was no significant variation according to location, but as would be expected, older women (95% of 55-64 year olds and 91% of those aged 65 years and above) were more likely to have attended breast cancer screening than those aged 45-54 years (73%).

Women who had attended were also asked when they last attended (Figure 16c on the following page). Almost one-half of women had attended in the last year (44%) and another

third had attended between 1-3 years ago (32%), with the remainder attending more than three years ago (24%).



**Q13aii. When did you last attend breast cancer screening?**

Base: All who said 'yes'at Q13ai - 84, Stockton on Tees - 7, Middlesbrough - 46, Redcar and Cleveland - 9, Hartlepool - 22  
 WARNING LOW BASE SIZES.

Finally, women who were invited but did not attend were asked why this was using an open question. As only 11 respondents gave an answer to this question responses have not been graphed and instead some of the verbatim comments received are given below.

- 'It's too far away – more than 10 miles to travel.'*
- 'I can't remember. I was in a wheelchair and was not well at the time.'*
- 'What comes, comes. If I get it, I get it.'*
- 'I was going to a wedding abroad.'*
- 'I've never given it a thought.'*

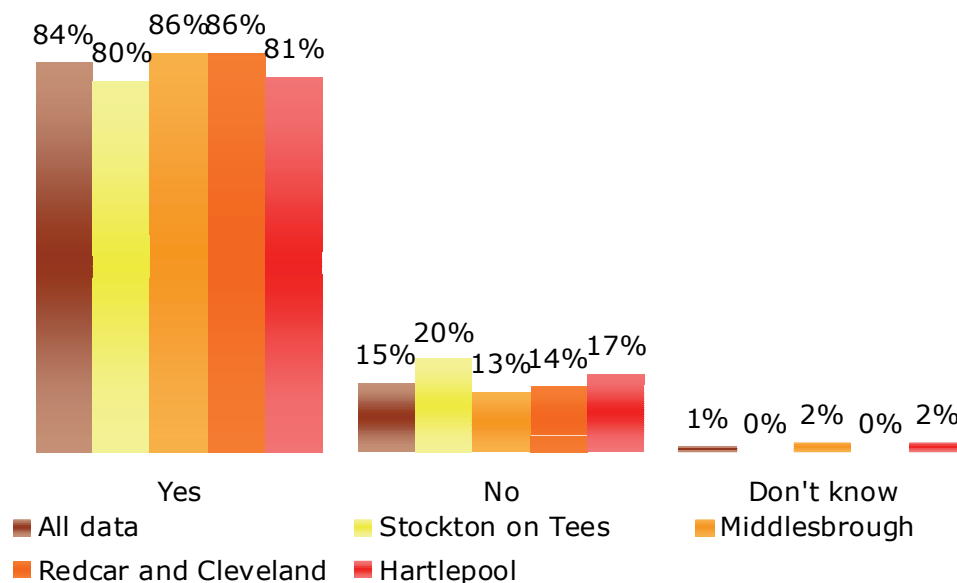
*'I don't think I'll get cancer.'*

*'Laziness.'*

*'I don't know why.'*

In the next question, female respondents aged 25-64 years old were asked if they had ever attended cervical cancer screening (Figure 17a).

**Figure 17a: Cervical cancer screening invitation amongst females aged 25 to 64**



**Q13b. Have you ever received an invitation to cervical cancer screening?**

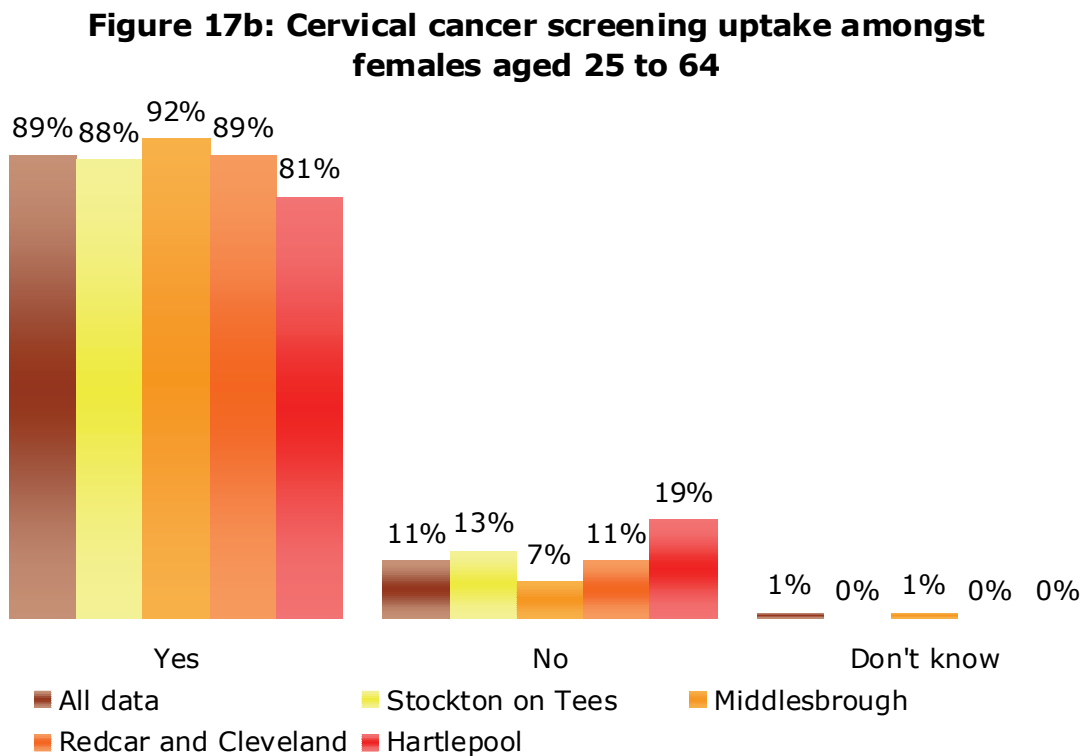
Base: All female respondents age 25 to 64 - 226, Stockton on Tees - 20, Middlesbrough - 132, Redcar and Cleveland - 22, Hartlepool - 52

**WARNING LOW BASE SIZES.**

Overall, 84% of females aged between 25-64 years recall receiving an invitation to attend cervical cancer screening.

There was no significant variation according to location or age of respondent.

Women who said they were invited were also asked if they had attended (Figure 17b) and as shown, most of the women who have received an invitation to cervical cancer screening have attended (89%).

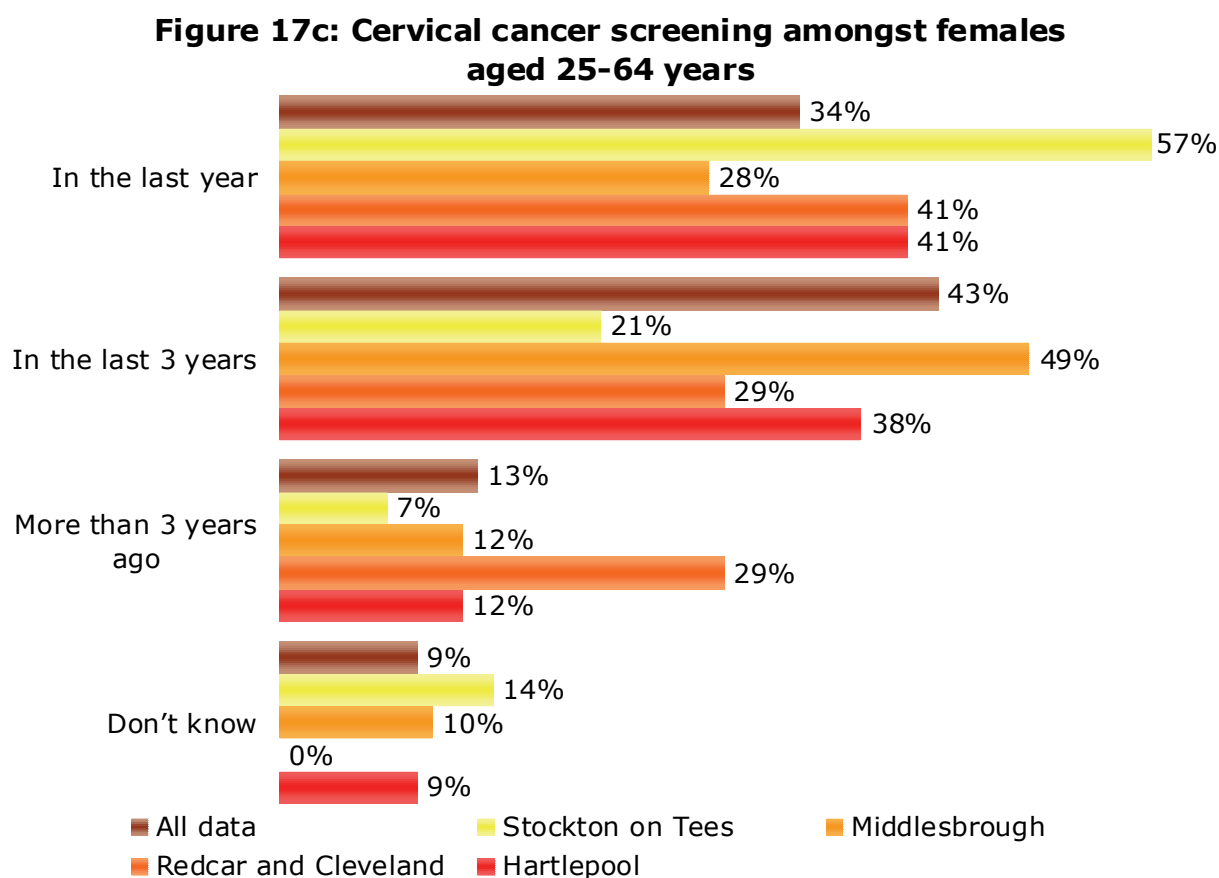


**Q13bi. Have you ever attended cervical cancer screening?**  
Base: If yes at Q13b - 190 ,Stockton on Tees - 16, Middlesbrough - 113, Redcar and Cleveland - 19, Hartlepool - 42  
**WARNING LOW BASE SIZES.**

There was no significant variation by location although there was a relationship with age and younger women (18-24 years) were significantly less likely to have attended (76%) while older women were significantly more likely to have done so.



Women were also asked when they had last attended cervical cancer screening (Figure 17c).



**Q13bii. When did you last attend cervical cancer screening?**

Base: All who said 'yes' at Q13ai - 169, Stockton on Tees - 14, Middlesbrough - 104, Redcar and Cleveland - 17, Hartlepool - 34

**WARNING LOW BASE SIZES.**

Most women have attended cervical cancer screening within the last 3 years (77%) although younger women (25-34 years) were significantly more likely to have attended in the last year (47%). A small proportion have attended more than 3 years ago (13%) and 9% gave the answer 'don't know' (9%).

As with breast cancer, women who recalled receiving an invitation but who did not attend were asked why this was. Of the 20 respondents who were asked this question, the most common responses were that they were frightened (n = 5) or that it was not a priority (n = 5). Some of the other verbatim comments received are given below.

*'I didn't want to go. I'm too scared.'*

*'I'm pregnant.'*

*'I'm too embarrassed.'*

*'I don't like the thought of it.'*

*'The doctor said there was no need in my case. I am monitored regularly as I have lots of health problems.'*

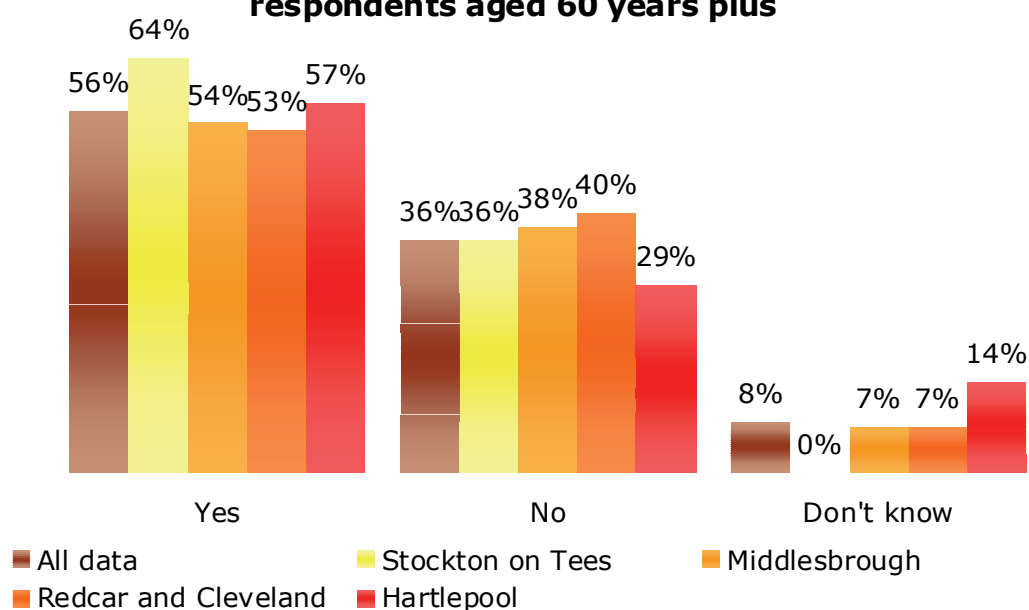
*'I've just got to make another appointment.'*

*'I just haven't bothered since I had a baby.'*

*'Not got time.'*

Finally, both males and females aged 60 years and over were asked if they had ever attended bowel cancer screening (Figure 18a).

**Figure 18a: Bowel cancer screening invitation amongst respondents aged 60 years plus**



**Q13c. Have you ever received an bowel cancer screening kit?**

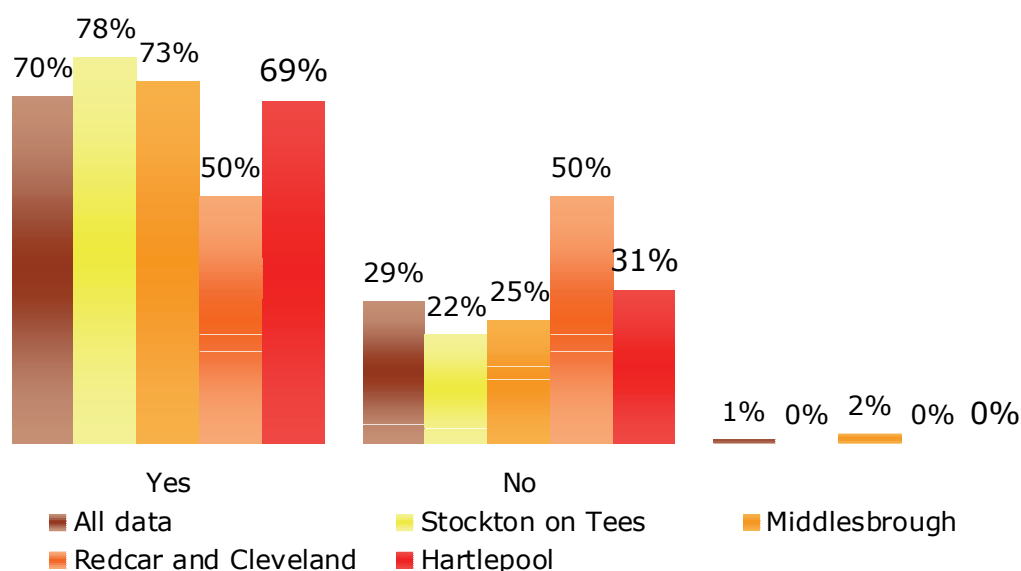
Base: All respondents aged 60 years and above - 138, Stockton on Tees - 14, Middlesbrough - 81, Redcar and Cleveland - 15, Hartlepool - 28

**WARNING LOW BASE SIZES.**

Over half of respondents (56%) in the target age range recall receiving a bowel cancer screening kit. This was highest in Stockton on Tees (64%) although the difference was not statistically significant.

As with breast and cervical, those who have received an invitation were also asked if they had attended (Figure 18b).

**Figure 18b: Bowel cancer screening uptake amongst respondents aged 60 years plus**



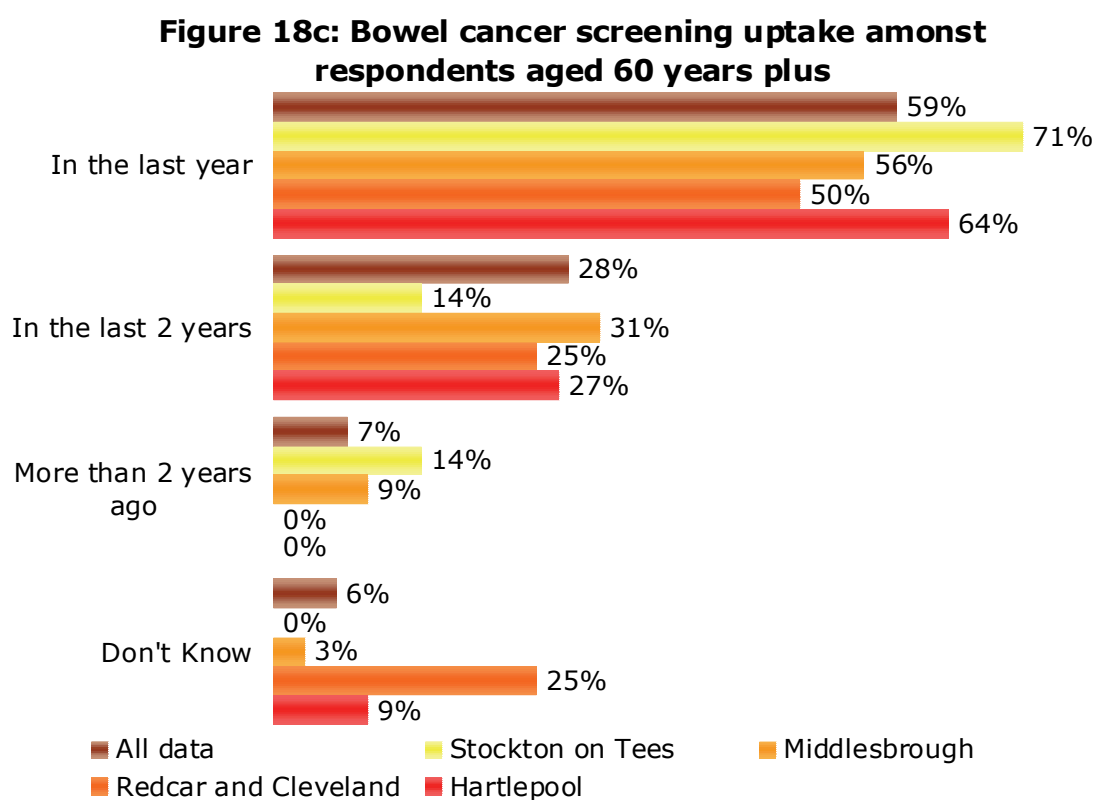
**Q13ci. Have you ever completed an bowel cancer screening kit?**

Base: If yes at Q13c - 77, Stockton on Tees - 9, Middlesbrough - 44, Redcar and Cleveland - 8, Hartlepool - 16

**WARNING LOW BASE SIZES**

Overall, 70% of respondents who recalled receiving an invitation have completed the kit. Although respondents in Redcar and Cleveland (50%) were less likely to have completed a kit low base sizes mean that this data should be interpreted with caution.

Figure 18c shows the responses when those who have completed a bowel cancer screening kit were asked when they last did so.



**Q13cii. When did you last complete a bowel cancer screening kit?**

Base: All who said 'yes' at Q13ci - 54, Stockton on Tees - 7, Middlesbrough - 32, Redcar and Cleveland - 4, Hartlepool - 11

WARNING LOW BASE SIZES

Over one-half (59%) of respondents said they had completed the kit within the last year and a further 28% had completed between one and two years ago.

Those who were invited to complete a kit but did not do so were asked why this was. In total this accounted for 22 respondents and the most common response was that it was not a priority (n = 8) or simply that they didn't want to (n = 7). Some of the verbatim comments received are given below:

*'I feel it was just too embarrassing.'*

*'I didn't like it. Too messy. What next.'*

*'I only got it last week and I've been on holiday.'*

*'I meant to be then I didn't bother.'*

*'No need to as I'm having NHS treatment for Crohn's disease so I'm constantly under GP care.'*

*'I haven't got round to it.'*

*'I am healthy enough.'*

*'The thought of doing it myself didn't appeal.'*

*'I don't think I'll get it.'*

## 6.9. Communications

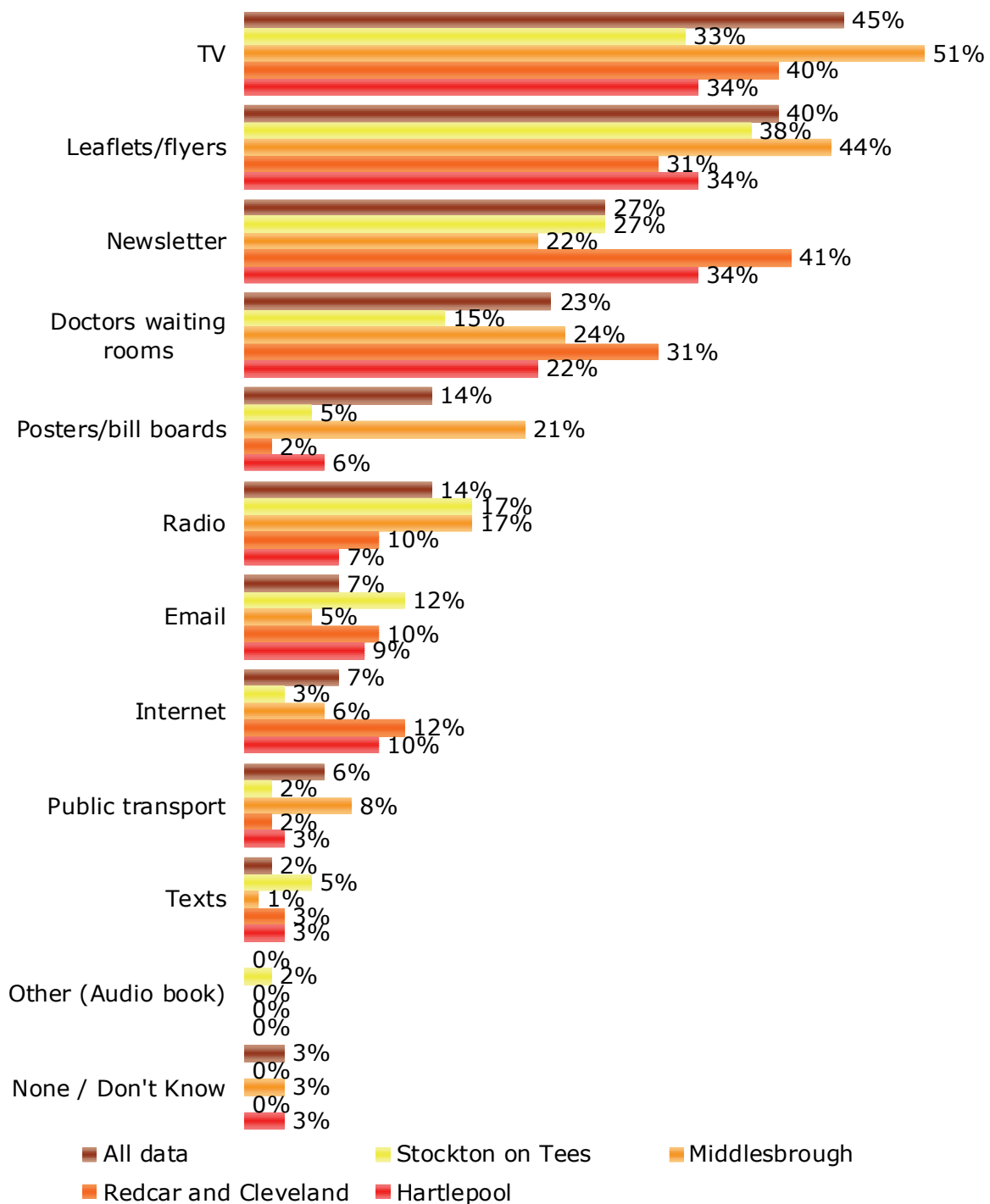
In order to help the NHS Tees tailor communication material to people of different demographics, all respondents were asked how they would like to be kept up to date with information about the NHS and the services offered (Figure 19 on the following page).

As shown, the most popular means of communication selected was TV (45%), closely followed by leaflets/flyers (40%) newsletters (27%) and doctor's waiting rooms (23%).

Male respondents were significantly more likely to be interested in communication via the TV (50%) and radio (18%), while women were significantly more likely to be interested in leaflets and flyers (46%) and newsletters (30%).

The youngest age band (18-24 year olds) were most likely to be interested in communication via email (12%) and the internet (12%) as were those classified as socioeconomic grades ABC1.

**Figure 19: Communication Preferences**



**Q26. How would you prefer to be kept up to date with information about the NHS and the services offered?**

Base: All respondents who smoke - 252, Stockton on Tees - 25, Middlesbrough - 172, Redcar and Cleveland - 23, Hartlepool - 32

## 7. Conclusions and Recommendations

Overall, awareness levels are generally lower than observed within the UCL study and the data reveals a number of areas where attention should be focused in terms of raising cancer awareness within the most deprived areas served by NHS Tees.

A quarter of respondents (25%) were unable to name any signs and symptoms of cancer spontaneously and when prompted, a lack of concern was expressed with regard to some signs and symptoms, in particular 'a persistent cough or hoarseness', 'a sore which does not heal' and 'a persistent difficulty swallowing'. As such, improving awareness of these symptoms via targeted social marketing could be beneficial.

It is concerning that 16% of the sample were unable to name any causes of cancer spontaneously and there were also generally lower levels of agreement that eating red or processed meat once a day or more, eating less than 5 portions of fruit or vegetables and doing less than 30 minutes of moderate physical activity 5 times a week could increase the chances of getting cancer. This suggests that improving awareness of the benefits of healthy living in general could be advantageous. It is also concerning that only 22% of the total sample agreed or strongly agreed that infection with HPV could increase the chances of getting cancer. This highlights a distinct gap in the knowledge of this sample.

Knowledge of NHS cancer screening programmes could also be improved with increased education throughout the region. Currently a high proportion of people are either unaware of these programmes or do not know at what age people are invited for screening. Whilst a positive 67% are aware of NHS breast cancer screening, this is distinctly lower than the levels observed to previous CAM surveys Public Knowledge have undertaken. Furthermore, awareness of bowel cancer screening is markedly low. Despite this, it is positive that awareness of screening tends to be higher amongst the target groups and levels of screening uptake are positive, although material targeting both men and women in reference to bowel cancer screening would also be beneficial.



## 8. Appendices

### 8.1. Final Questionnaire

P2576 – NHS Tees - Cancer Awareness Research

Hello, my name is .....from an independent research company and I'm conducting a survey about cancer awareness on behalf of NHS Tees. This survey will only take around 10 minutes of your time and all information received is strictly confidential, and will be dealt with in accordance with the Market Research Society Code of Conduct.

Would you be willing to take part? IF YES: Thank you, first of all we would like to ask you some questions about yourself.

#### Demographic Questions

**D0. Firstly, do you live within <SELECT YOUR LOCATION>? CONTINUE IF RESPONDENT LIVES IN THIS AREA**

Stockton on Tees	Middlesbrough	Redcar and Cleveland	Hartlepool
<input type="checkbox"/> Stockton town centre	<input type="checkbox"/> Middlehaven	<input type="checkbox"/> Grangetown	<input type="checkbox"/> Stranton
	<input type="checkbox"/> Thorntree		<input type="checkbox"/> Dyke House
	<input type="checkbox"/> North Ormesby and Brambles Farm		
	<input type="checkbox"/> Pallister		
	<input type="checkbox"/> Beechwood		
	<input type="checkbox"/> Park End		

**D1. What is your age? IF 17 OR YOUNGER = SCREEN OUT. QUOTA'S APPLY**

--	--

**D2. INTERVIEWER PLEASE CODE GENDER? DO NOT ASK**

☐ Male – QUOTAS APPLY

☐ Female – QUOTAS APPLY

**D3. Which of these best describes your ethnic group? SHOW CARD AND QUOTA ON WHITE/BME OVERALL**

White - QUOTA	Mixed - QUOTA	Asian or Asian British - QUOTA	Black or Black British - QUOTA	Chinese/other - QUOTA
<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		<input type="checkbox"/> <b>Prefer not to say</b>

**D4. Which of the following best describes your living arrangement? SHOW CARD**

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"/>

**D5. What is the main language spoken at home?**

<input type="checkbox"/> English	<input type="checkbox"/> Sylheti	<input type="checkbox"/> Other Language – Please specify below:
<input type="checkbox"/> Urdu	<input type="checkbox"/> Cantonese	
<input type="checkbox"/> Punjabi	<input type="checkbox"/> Gujarati	

1

D6. How many years have you been living in the UK?

D7. What is your marital status? SHOW CARD

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

D8. What is the highest level of educational qualification you have obtained? SHOW CARD

- |  |  |
|--|--|
| <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 qualification – Please specify below: |

D9. Can you please tell me the occupation of the Chief Income Earner in your household?

INTERVIEWER SPECIFY ABOVE AND CODE INTO THE BELOW

- |                             |                             |
|-----------------------------|-----------------------------|
| <input type="checkbox"/> A  | <input type="checkbox"/> C2 |
| <input type="checkbox"/> B  | <input type="checkbox"/> D  |
| <input type="checkbox"/> C1 | <input type="checkbox"/> E  |

D10. Which of the following best describes your working status? SHOW CARD

- |   |  |
|---|--|
| <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 |

D11. Does your household own a car or van?

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

D12. Do you currently smoke (any cigarettes at all)?

Yes	<input type="checkbox"/> GO TO D12a	No	<input type="checkbox"/> GO TO MAIN QUESTIONS
-----	-------------------------------------	----	---

IF YES AT D12. D12a. Which of the following best describes how many cigarettes you smoke a day? SHOW CARD

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> 0-5 a day   | <input type="checkbox"/> 15-20 a day      |
| <input type="checkbox"/> 5-10 a day  | <input type="checkbox"/> 20-25 a day      |
| <input type="checkbox"/> 10-15 a day | <input type="checkbox"/> 25 or more a day |

**MAIN QUESTIONS** - The following questions are about your awareness of cancer. 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.

**INTERVIEWER \*\*\* REFERS TO POINT OF CLARIFICATION IN THE INSTRUCTION SCRIPT**

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

**Q1. There are many warning signs and symptoms of cancer. Please name as many as you can think of:**  
**INTERVIEWER PROBE – Is there anything else you can think of?**

**Q2. The following may or may not be warning signs for cancer. Please note that we are interested in your own opinion: DO NOT PROMPT**

	Yes	No	Don't know/ Not sure – DO NOT READ OUT
i. Do you think an unexplained lump or swelling could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Do you think persistent unexplained pain could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Do you think unexplained bleeding could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. Do you think a persistent cough or hoarseness could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. 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"/>
vi. Do you think persistent difficulty swallowing could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. 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"/>
viii. Do you think a sore that does not heal could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. Do you think unexplained weight loss could be a sign of cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next question is about help seeking**

**Q3.** If you noticed any of the following unexplained symptoms how soon would you contact your doctor to make an appointment to discuss it? **SHOW CARD**

	1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never	Don't know – DO NOT READ OUT
i. An unexplained lump or swelling	<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"/>
ii. An unexplained pain.	<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"/>
iii. An unexplained bleeding	<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"/>
iv. A cough or hoarseness	<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"/>
v. A change in bowel or bladder habits***	<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"/>
vi. Difficulty swallowing	<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"/>
vii. A change in the appearance of a mole	<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"/>
viii. A sore that did not heal	<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"/>
ix. Unexplained weight loss	<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"/>

**The next question is about seeking help for a cancer sign or symptom**

**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? **SHOW CARD**

	1-3 days	4-6 days	1 week	2 weeks	1 month	6 weeks	3 months	6 months	12 months	Never	Don't know – DO NOT READ OUT
A symptom that you thought might be a sign of cancer	<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"/>

**The next set of questions is about what barriers may stop you from seeking help**

**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? SHOW CARD**

	Yes often	Yes sometimes	No	Don't know – DO NOT READ OUT
i. I would be too embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. I would be too scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. I would be worried about wasting the doctor's time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. My doctor would be difficult to talk to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. It would be difficult to make an appointment with my doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi. 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"/>
vii. I have too many other things to worry about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. 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"/>
ix. I would be worried about what the doctor might find	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. I wouldn't feel confident talking about my symptom with the doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q5xi. Is there anything else you can think of that might put you off going to the doctors?**

The next set of questions is about risk factors for cancer

**Q6. What things do you think affect a person's chance of getting cancer? INTERVIEWER PROBE – Is there anything else you can think of?**

**Q7. Medical scientists suggest that these are some of the things that can increase the chance of getting cancer. How much do you agree that each of these can increase the chance of getting cancer? SHOW CARD**

	Strongly disagree	Disagree	Not sure	Agree	Strongly agree
i. Smoking any cigarettes at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Exposure to another person's cigarette smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Drinking more than 1 unit of alcohol a day***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. 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"/>
v. 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"/>
vi. Being overweight (BMI over 25)***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii. Getting sunburnt more than once as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii. Being over 70 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ix. Having a close relative with cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
x. Infection with HPV (Human Papillomavirus)***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
xi. 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"/>

The next set of questions is about the incidence of cancer

**Q8a. Here is a picture of 100 people (SHOW CARD). Out of 100 people, how many do you think will develop cancer at some point in their life?** Please write in below **NUMERICALLY**. PLEASE STATE ONE NUMBER ONLY DO NOT ALLOW e.g. 10-15.

**Q8b. At what age do you think people are most likely to develop cancer? SHOW CARD**

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Under 20    | <input type="checkbox"/> 60-79 years   | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 20-39 years | <input type="checkbox"/> 80 years plus | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> 40-59 years | <input type="checkbox"/> At any age    |                                     |

Q9i. What do you think is the **most** common cancer in women? Please write in below.

Q9ii. What do you think is the **second** most common cancer in women? Please write in below.

Q9iii. What do you think is the **third** most common cancer in women? Please write in below.

Q9iv. What do you think is the **most** common cancer in men? Please write in below.

Q9v. What do you think is the **second** most common cancer in men? Please write in below.

Q9vi. What do you think is the **third** most common cancer in men? Please write in below.

**The next set of questions is about NHS screening programmes**

	Yes	No	Don't know
Q10i. Is there an NHS breast cancer screening programme?	<input type="checkbox"/> <b>GO TO Q10ii</b>	<input type="checkbox"/>	<input type="checkbox"/>
Q10ii. IF YES. At what age do you think women are first invited for breast cancer screening? _____			<input type="checkbox"/>
	Yes	No	
Q10iii. Is there an NHS cervical cancer screening programme (smear test)?	<input type="checkbox"/> <b>GO TO Q10iv</b>	<input type="checkbox"/>	<input type="checkbox"/>
Q10iv. IF YES. At what age do you think women are first invited for cervical cancer screening? _____			<input type="checkbox"/>
	Yes	No	
Q10v. Is there an NHS bowel cancer screening programme?	<input type="checkbox"/> <b>GO TO Q10vi</b>	<input type="checkbox"/>	<input type="checkbox"/>
Q10vi. IF YES. At what age do you think people are first invited for bowel cancer screening? _____			<input type="checkbox"/>

**The next set of questions is related to the contribution of different factors to cancer development**

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

**SHOW CARD**

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

**Chance**

**Aging**

**Environmental factors** (e.g. pollution, radiation)

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

**RESPONSES CANNOT HAVE JOINT IMPORTANCE**

1. \_\_\_\_\_ (Most important)
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_ (Least important)



The next set of questions are about your own health and personal experience of cancer.

**Q12. 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"/>	

**IF RESPONDENT IS FEMALE AND AGED OVER 50**

**Q13a. Have you ever received an invitation to breast cancer screening (mammogram)?**

Yes ☐ No ☐ Don't know ☐

**IF YES. Q13ai. Have you ever attended breast cancer screening?**

Yes ☐ No ☐ Don't know ☐

**IF YES. Q13aii. When did you last attend breast cancer screening?**

In the last year ☐ In the last 3 years ☐ More than 3 years ago ☐ Don't know ☐

**IF YES INVITED BUT NO NOT ATTENDED. Q13aiii. Why have you not attended breast cancer screening?**

**IF RESPONDENT IS FEMALE AND AGED 25 – 64 YEARS**

**Q13b. Have you ever received an invitation to cervical cancer screening?**

Yes ☐ No ☐ Don't know ☐

**IF YES. Q13bi. Have you ever attended cervical cancer screening?**

Yes ☐ No ☐ Don't know ☐

**IF YES. Q13bii. When did you last attend cervical cancer screening?**

In the last year ☐ 1-3 years ago ☐ 3-5 years ago ☐ More than 5 years ago ☐ Don't know ☐

**IF YES INVITED BUT NO NOT ATTENDED. Q13biii. Why have you not attended cervical cancer screening?**

**IF RESPONDENT IS OVER 60 (MALES AND FEMALES)**

**Q13c. Have you ever received a bowel cancer screening kit?**

Yes ☐ No ☐ Don't know ☐

**IF YES. Q13ci. Have you completed a bowel cancer screening kit?**

Yes ☐ No ☐ Don't know ☐

**IF YES. Q13cii. When did you last complete a bowel cancer screening kit?**

In the last year ☐ In the last 2 years ☐ More than 2 years ago ☐ Don't know ☐

**IF YES RECEIVED BUT NO NOT COMPLETED. Q13ciii. Why have you not completed a bowel cancer screening kit?**

**Q14. Finally, how would you prefer to be kept up to date with information about the NHS and the services offered? SHOW CARD. SELECT ALL THAT APPLY**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Newsletter            | <input type="checkbox"/> Leaflets/flyers        | <input type="checkbox"/> Posters/bill boards |
| <input type="checkbox"/> Email                 | <input type="checkbox"/> TV                     | <input type="checkbox"/> Texts               |
| <input type="checkbox"/> Internet              | <input type="checkbox"/> Radio                  | <input type="checkbox"/> Public transport    |
| <input type="checkbox"/> Doctors waiting rooms | <input type="checkbox"/> Other (please specify) |  |

**Thank you. That is the end of the survey. Please can I take some details for verification and quality checking?**

NAME

ADDRESS

POSTCODE – *Interviewer please ensure you record postcode*

**NHS Tees have requested that we supply them with the postcodes of respondents to enable them to undertake additional analysis of this data. None of your other personal details will be supplied. Are you happy for us to supply your postcode?**

- ☐ Yes supply postcode    ☐ No do not supply postcode

TELEPHONE NUMBER

EMAIL ADDRESS

**FINAL CLOSE** - Thank you very much for your participation. This survey has been conducted in accordance with the MRS Code of Conduct. If you wish to check the validity of this survey, or if you have any further questions, you may call Public Knowledge on the following free phone **number 0800 1951842** or you can email [info@publicknowledge.eu](mailto:info@publicknowledge.eu). If you have any further questions about cancer awareness the following leaflet will help you. **HAND RESPONDENT LEAFLET**

**EARLY CLOSE/QUOTAS FULL** - Thank you, but unfortunately we now have now surveyed enough people who fit this description. This survey has been conducted in accordance with the MRS Code of Conduct.

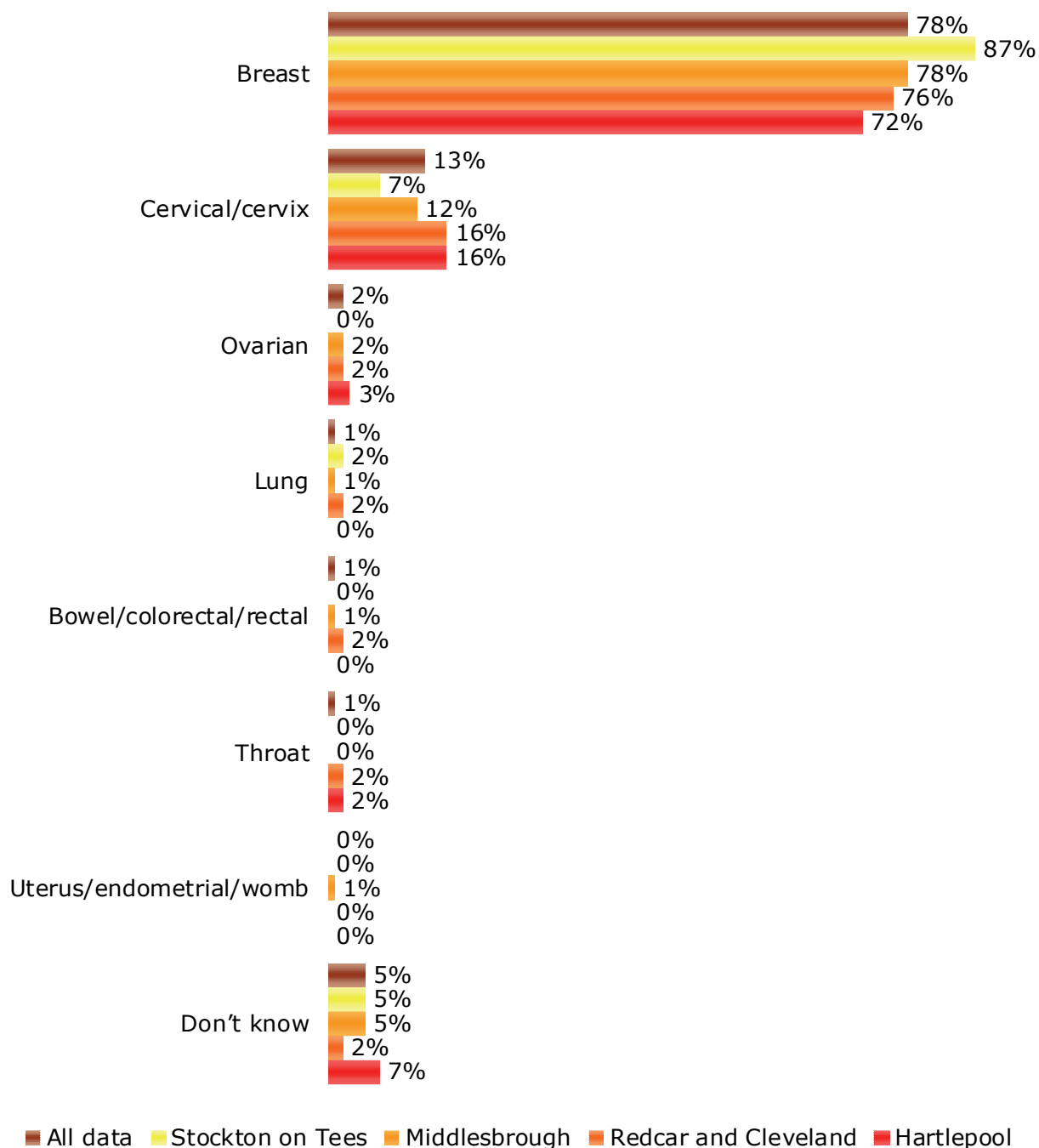
INTERVIEWER NAME

DATE OF INTERVIEW

LOCATION OF INTERVIEW (please be specific – include town, street names etc)

## 8.2. First, Second and Third Most Common Cancers in Men and Women by Location

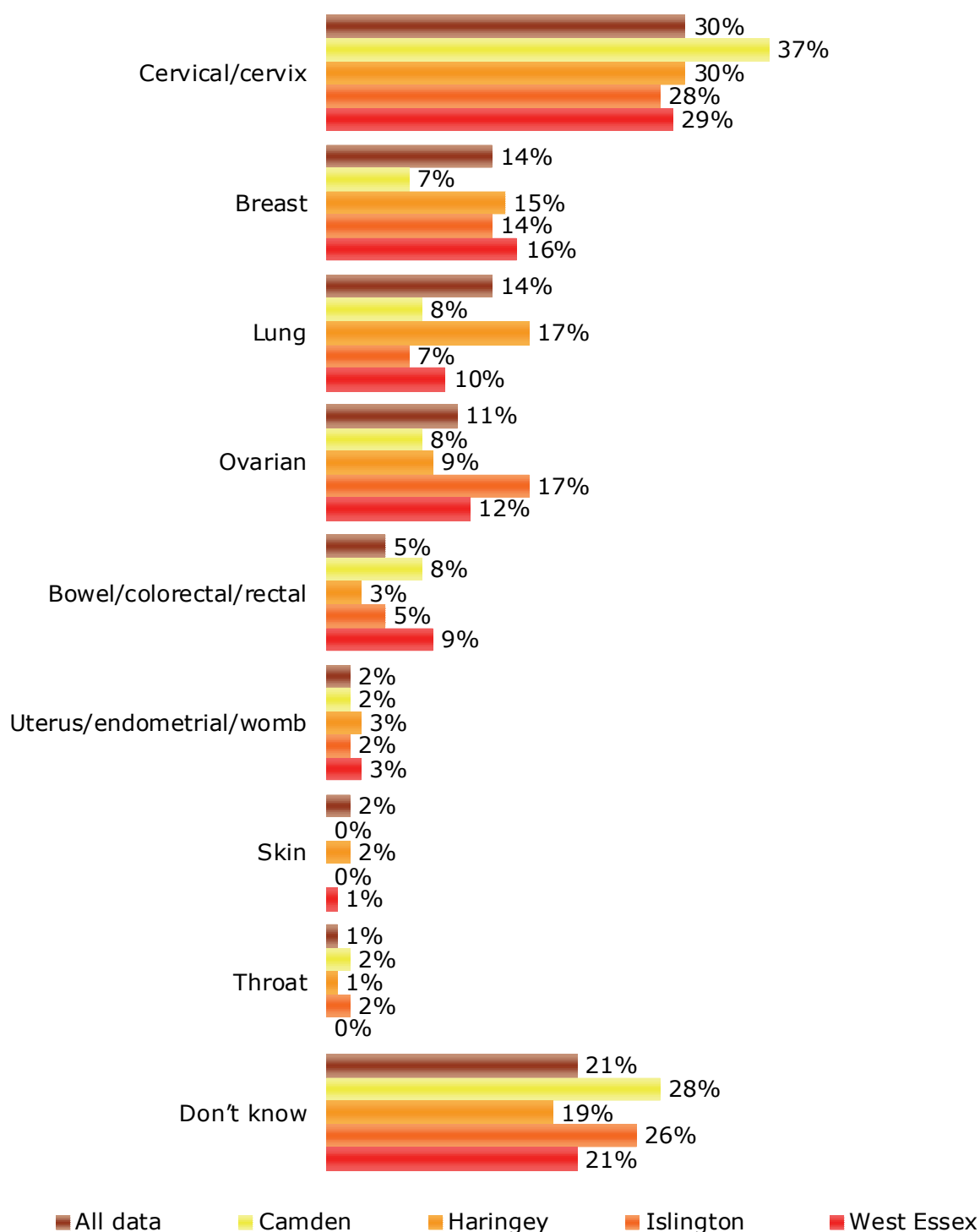
**Figure 20a: Most common cancer in women.**



### Q9i. What do you think is the most common cancer in women?

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

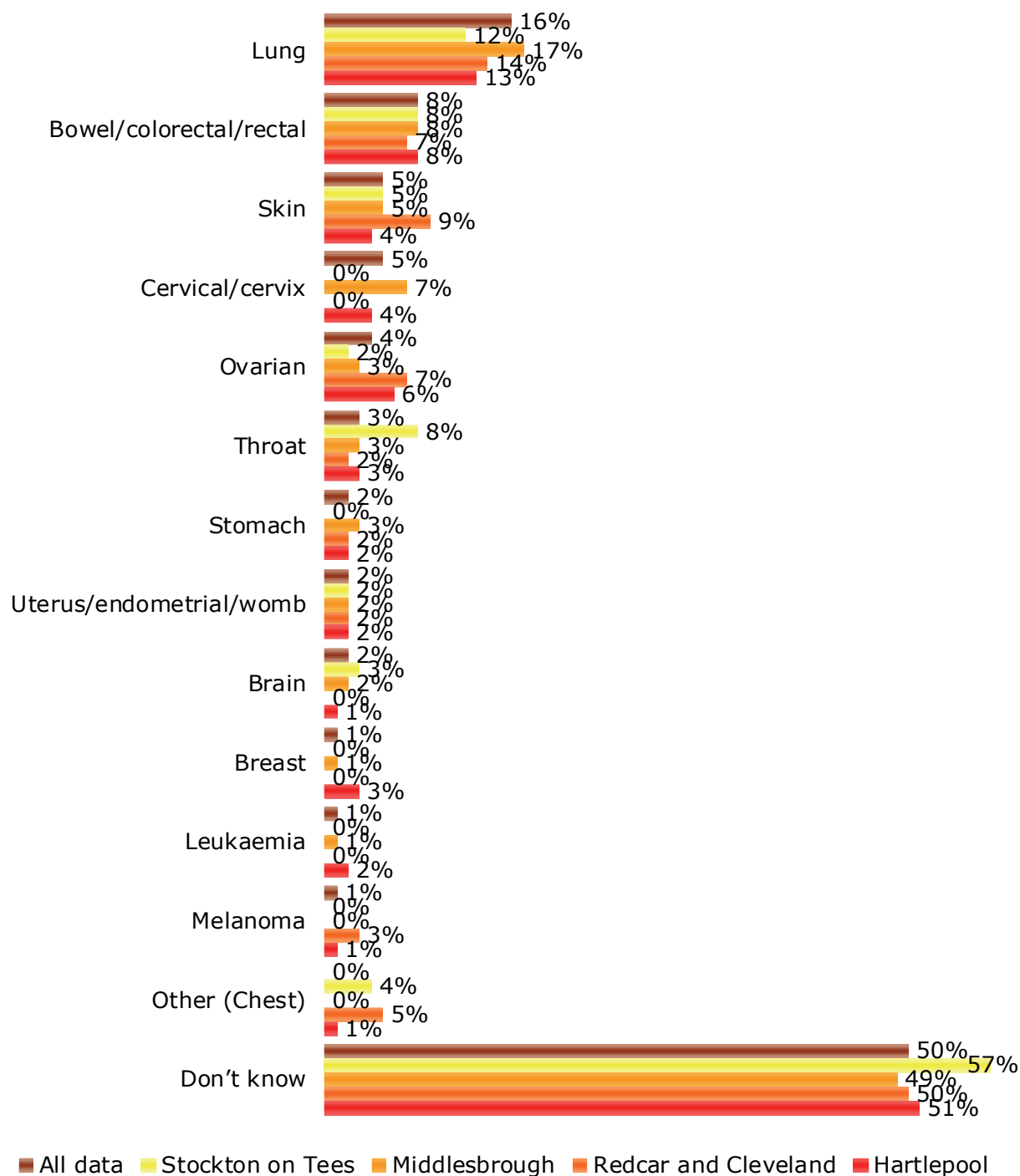
**Figure 20b: Second most common cancer in women.**



**Q9ii. What do you think is the second most common cancer in women?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

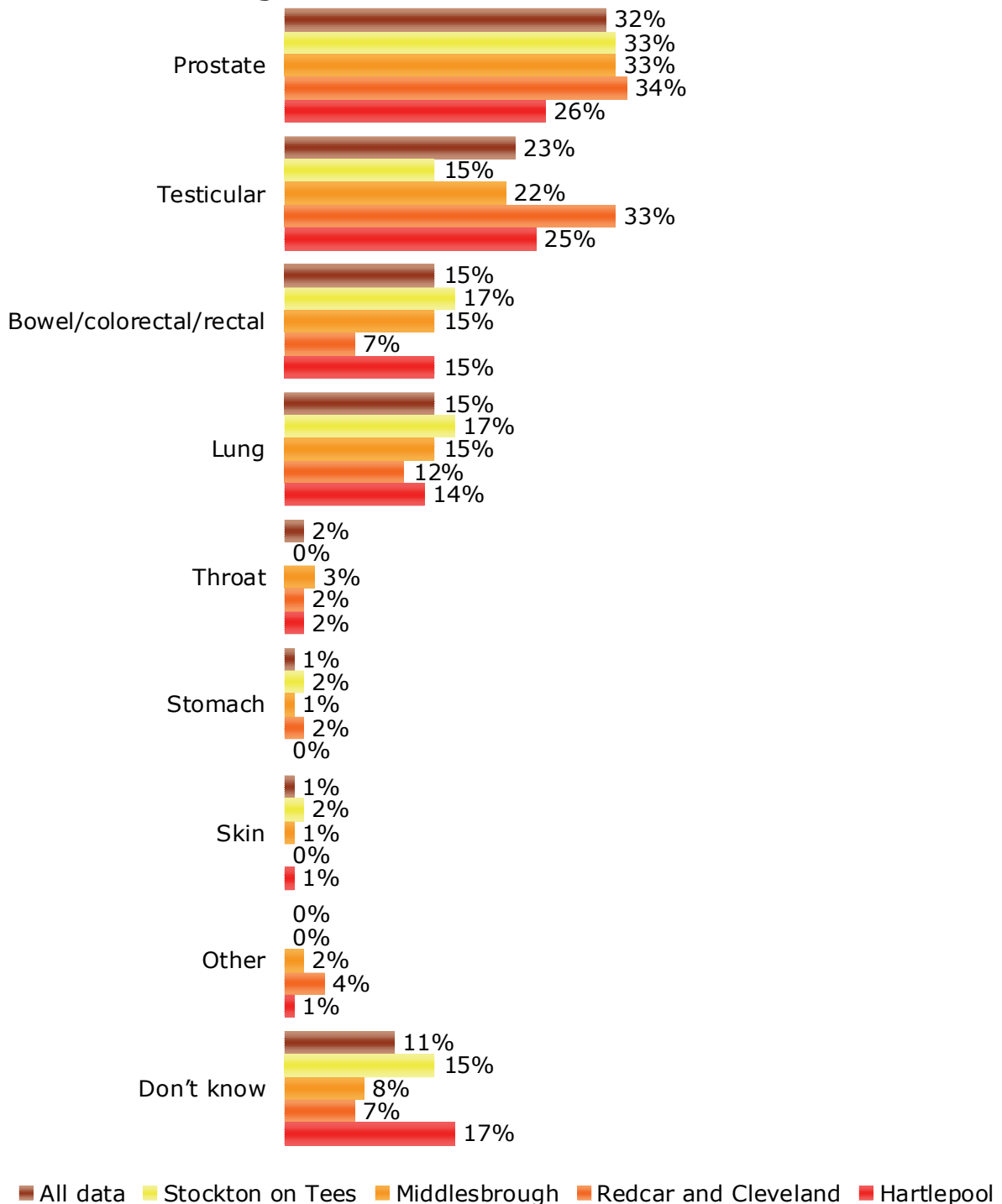
**Figure 20c: Third most common cancer in women.**



**Q9iii. What do you think is the third most common cancer in women?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

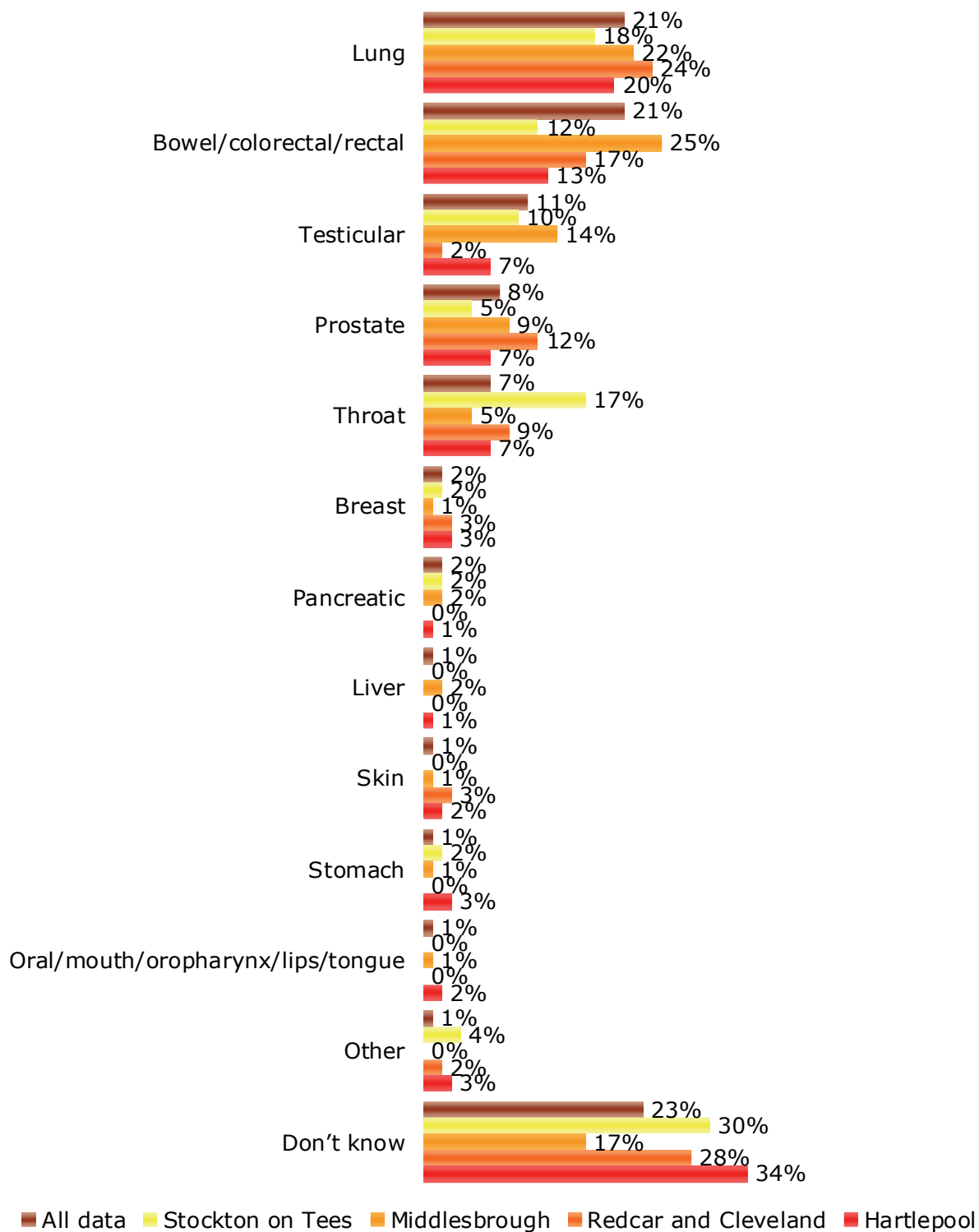
**Figure 20d: Most common cancer in men.**



**Q9iv. What do you think is the most common cancer in men?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

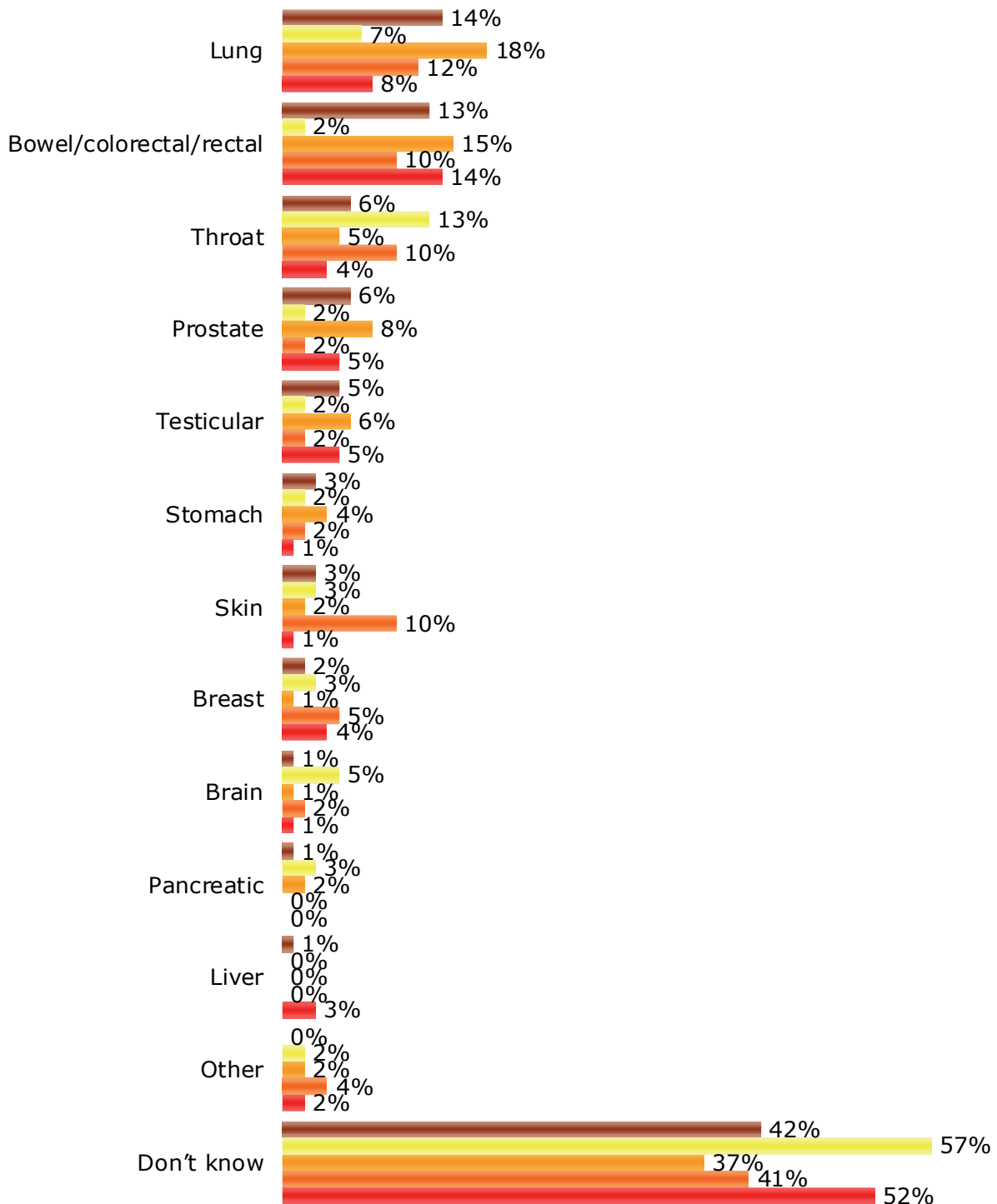
**Figure 20e: Second most common cancer in men.**



**Q9v. What do you think is the second most common cancer in men?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116

**Figure 20f: Third most common cancer in men.**



■ All data ■ Stockton on Tees ■ Middlesbrough ■ Redcar and Cleveland ■ Hartlepool

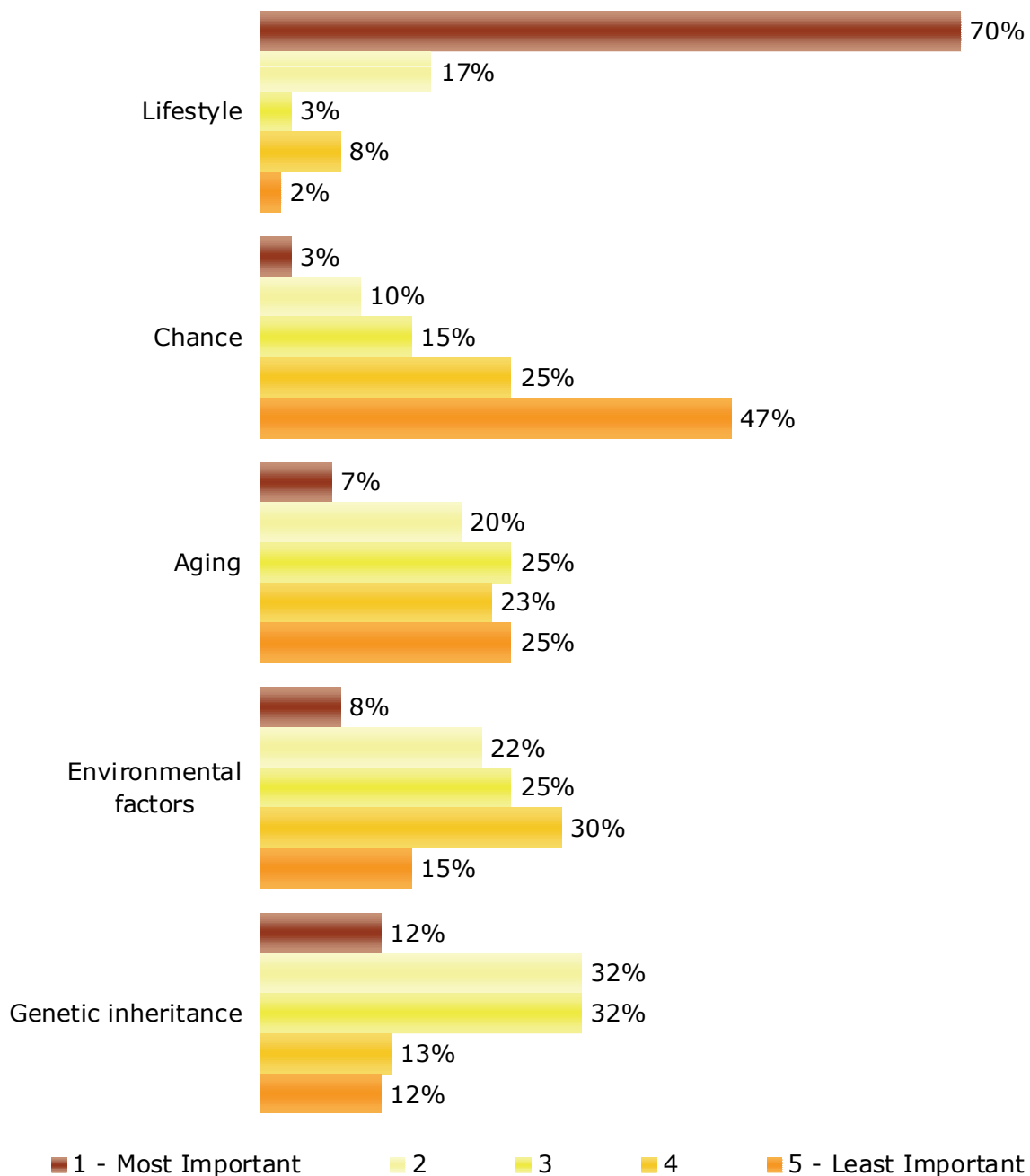
**Q9vi. What do you think is the third most common cancer in men?**

Base: All respondents - 585, Stockton on Tees - 60, Middlesbrough - 351, Redcar and Cleveland - 58, Hartlepool - 116



### 8.3. Factors Contributing to Cancer Incidence in the UK by Location

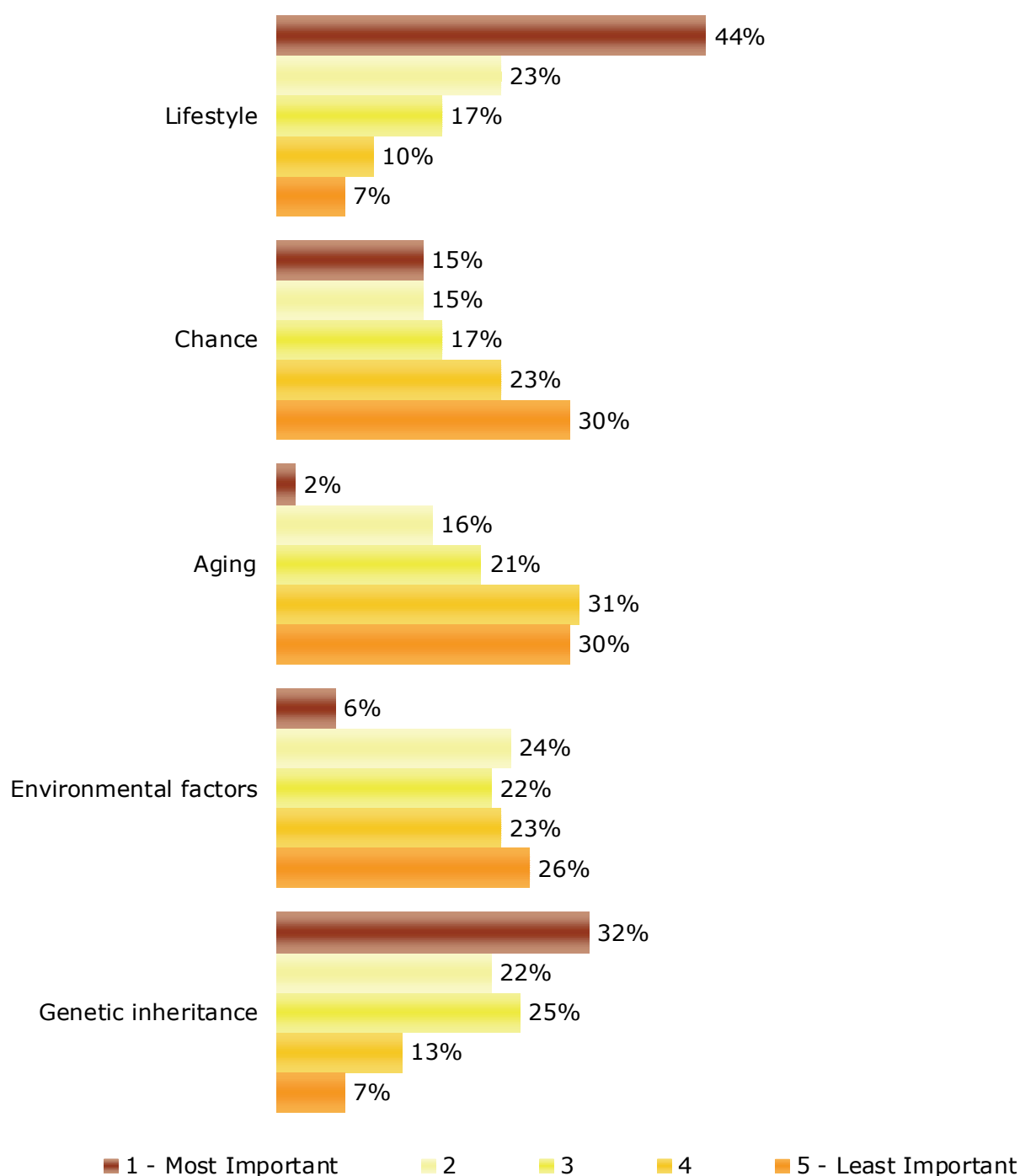
**Figure 21a: Factors contributing to cancer incidence in the UK - Stockton on Tees.**



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

Base: Respondents in Stockton on Tees - 60

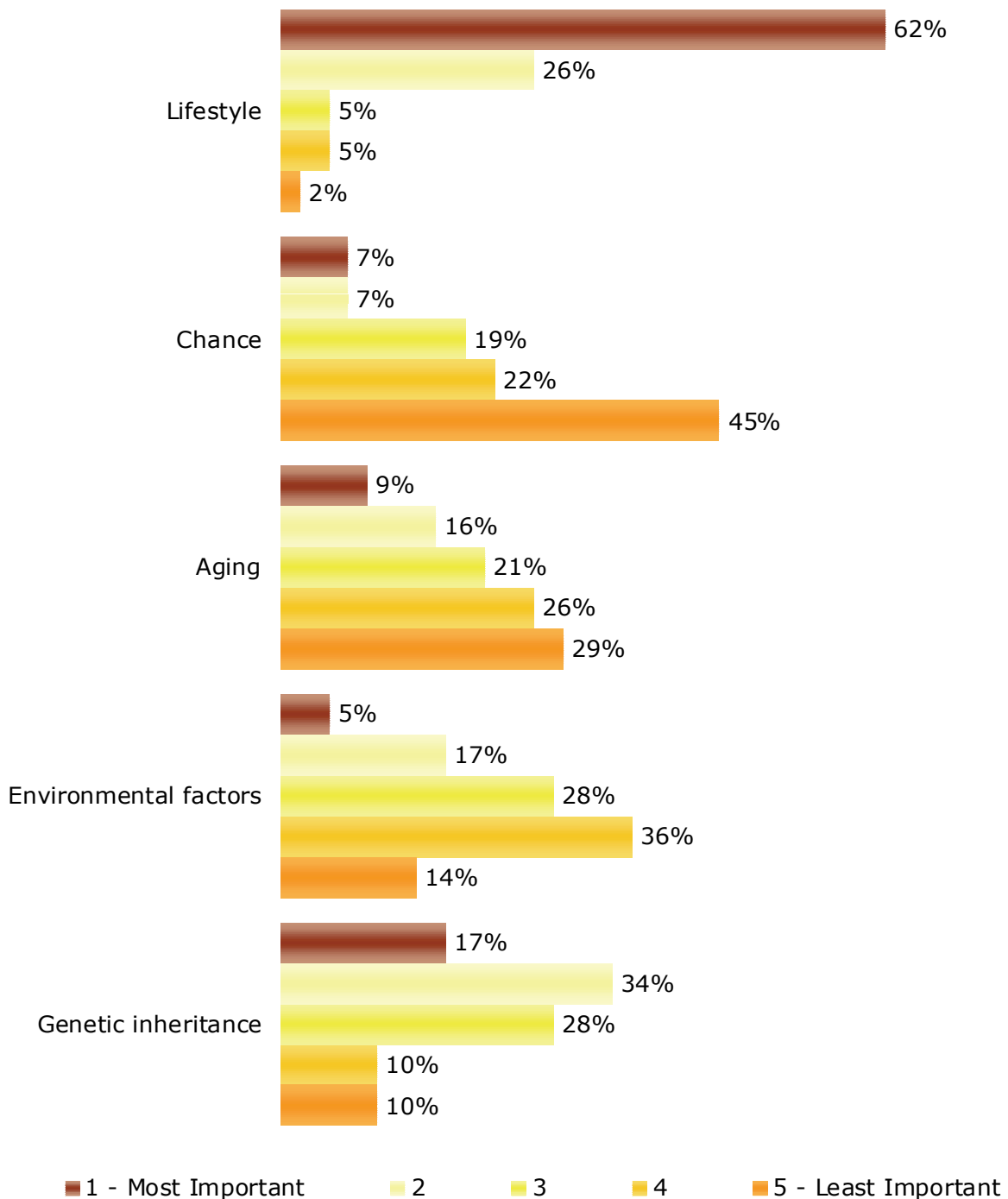
**Figure 21b: Factors contributing to cancer incidence in the UK - Middlesbrough.**



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

Base: Respondents in Middlesbrough - 351

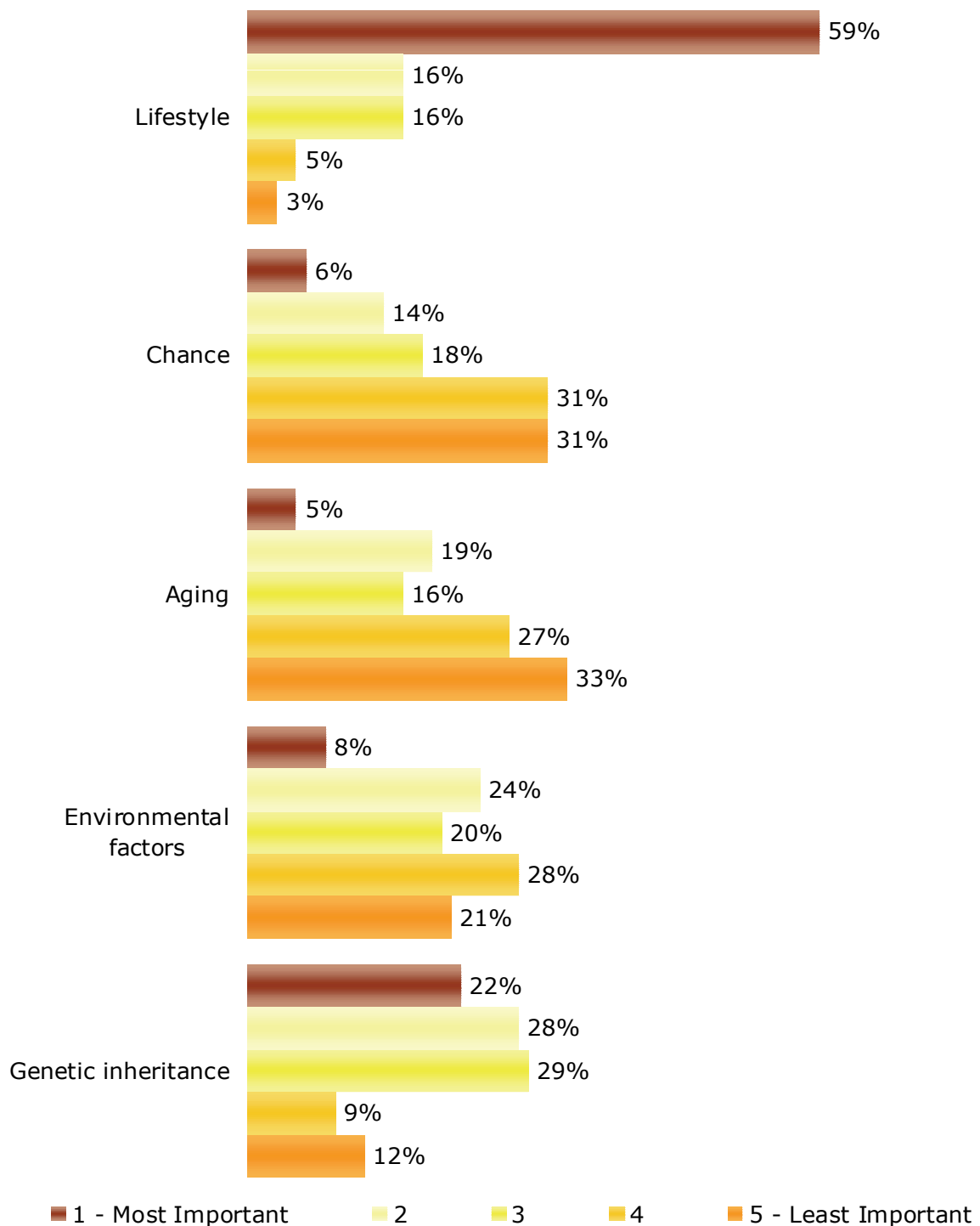
**Figure 21c: Factors contributing to cancer incidence in the UK - Redcar and Cleveland.**



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

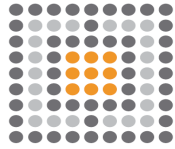
Base: Respondents in Redcar and Cleveland - 58

**Figure 21d: Factors contributing to cancer incidence in the UK - Hartlepool.**



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

Base: Respondents in Hartlepool - 116



# Public Knowledge

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