

P2053 – North London Cancer Network - Cancer Awareness Research

Hello, my name isfrom an independent research company and I'm conducting a survey about cancer awareness on behalf of the North London Cancer Network. This survey will only take around 15 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

We are asking for some information about you so we can ensure we are involving people from all walks of life in the work of the NHS. The NHS will only use this information for monitoring purposes. Your answers will be kept totally confidential and will only be used to create a report that will not identify any individual. The completion of this form is voluntary. It will help the NHS to make sure we are reaching out to all sections of the local community.

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

- | | |
|--------------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Camden | <input type="checkbox"/> Islington |
| <input type="checkbox"/> West Essex | <input type="checkbox"/> Barnet |
| <input type="checkbox"/> Enfield | <input type="checkbox"/> Haringey |
| <input type="checkbox"/> Does not live in one of these area – SCREEN OUT | |

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

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D2. INTERVIEWER PLEASE CODE GENDER? DO NOT ASK

- | | |
|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Male – QUOTAS APPLY | <input type="checkbox"/> Female – QUOTAS APPLY |
|----------------------------------------------|------------------------------------------------|

D3. Which of these best describes your ethnic group? SHOW CARD

- | White - QUOTA | Mixed - QUOTA | Asian or Asian British - QUOTA | Black or Black British - QUOTA | Chinese/other - QUOTA |
|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> British | <input type="checkbox"/> White & Black Caribbean | <input type="checkbox"/> Indian | <input type="checkbox"/> Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> White & Black African | <input type="checkbox"/> Pakistani | <input type="checkbox"/> African Somalian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Turkish/Turkish Cypriot | <input type="checkbox"/> White & Asian | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Eritrean | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Greek/Greek Cypriot | <input type="checkbox"/> Other Mixed Background (please specify) | <input type="checkbox"/> Other Asian Background (please specify) | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Other Ethnic Group (please specify) |
| <input type="checkbox"/> Kurdish | | | <input type="checkbox"/> Ghanaian | |
| <input type="checkbox"/> Other White Background (please specify) | | | <input type="checkbox"/> Any Other African Background (please specify) | |
| | | | | <input type="checkbox"/> Prefer not to say |

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. Which of the following best describes your religious belief? SHOW CARD

- | | |
|------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Rastafarian |
| <input type="checkbox"/> Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Other |
| <input type="checkbox"/> Muslim | <input type="checkbox"/> Prefer not to say |

D6. What is your first language? SHOW CARD

- | | | |
|------------------------------------------------|-------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Greek | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Amharic | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Italian | <input type="checkbox"/> Sylheti |
| <input type="checkbox"/> British Sign Language | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Tigrinya |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Latvian | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Lingala | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Urdu |
| <input type="checkbox"/> English | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Yoruba |
| <input type="checkbox"/> French | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Other (please specify) |

D7. How many years have you been living in the UK?

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D8. 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"/>

D9. What is the highest level of educational qualification you have obtained? SHOW CARD

- | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Degree or higher degree | <input type="checkbox"/> NVQ level 3 |
| <input type="checkbox"/> Higher education qualification below degree level | <input type="checkbox"/> O'level or GCSE equivalent (Grade A-C) |
| <input type="checkbox"/> A-levels /Highers | <input type="checkbox"/> O'level or GCSE equivalent (Grade D-G) |
| <input type="checkbox"/> ONC/BTEC | <input type="checkbox"/> No Formal Qualifications |
| <input type="checkbox"/> NVQ level 1 | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> NVQ level 2 | |

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. Under the Disability Discrimination Act (DDA) 2005 a disability is defined as ‘a physical, sensory or mental impairment which has, or had a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities’. Do you consider yourself to be disabled within the definition?

- Yes GO TO D12a No GO TO D13

IF YES AT Q12. D12a. Please state your type of impairment/s. SHOW CARD SELECT ALL THAT APPLY

- | | |
|----------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Physical or mobility impairment | <input type="checkbox"/> Mental health condition |
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Long standing illness or health condition
e.g. diabetes, HIV, cancer |
| <input type="checkbox"/> Deaf/Hearing impairment | <input type="checkbox"/> Other please specify |
| <input type="checkbox"/> Learning disability | |

D13. What do you consider your sexuality? SHOW CARD

- | | |
|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay man | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Gay women/Lesbian | |

D14. Do you currently smoke (any cigarettes at all)?

- Yes GO TO D14a No GO TO MAIN QUESTIONS

IF YES AT D14a. D8. 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

Q8. 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.

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"/> GO TO Q10ii	<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"/> GO TO Q10iv	<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"/> GO TO Q10vi	<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 attended breast cancer screening (mammogram)?

Yes No Not applicable

IF RESPONDENT IS FEMALE AND AGED 25 – 64 YEARS

Q13b. Have you attended cervical cancer screening?

Yes No Not applicable

IF RESPONDENT IS OVER 60 (MALES AND FEMALES)

Q13c. Have you completed a bowel cancer screening kit?

Yes No Not applicable

Thank you very much that is the end of the survey but I just need to take some further details for verification and quality checking purposes and to aid the NHS for monitoring purposes. As stated before your answers will be kept totally confidential and will only be used to create a report that will not identify any individual. The completion of this form is voluntary. It will help the NHS to make sure we are reaching out to all sections of the local community.

Q14. NAME

MAIN ADDRESS

POSTCODE – Interviewer please ensure you record postcode

Q15. CORRESPONDANCE ADDRESS AND POSTCODE (IF DIFFERENT)

Q16. TEMPORARY ADDRESS AND POSTCODE (IF DIFFERENT)

Q17. NAME, ADDRESS AND POSTCODE OF LEGAL GUARDIAN (IF APPLICABLE)

Q18. NAME, ADDRESS AND POSTCODE OF NEXT OF KIN (IF APPLICABLE)

Q19. HOME PHONE NUMBER

Q20. MOBILE PHONE NUMBER

Q21. EMAIL ADDRESS

Q22. FAX NUMBER (if applicable)

Q23. Which of the following would be your preferred contact time? READ LIST SELECT ALL THAT APPLY NB – The NHS may want to contact people about their views and experiences of NHS services and how they can be improved.

Morning

Evening

Afternoon

Q24. Which of the following would be your preferred contact method?

Home phone

Post/Letter

Mobile phone

Text

Email

Other(please specify)

Q25. What is your preferred language of communication?

Q26. 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

Newsletter

Posters/bill boards

Leaflets/flyers

Texts

Email

Public transport

TV

Internet

Radio

Other(please specify)

Doctors waiting rooms

Q27. Date of Birth (dd/mm/yy)

Q28. Place of Birth

