

The COVID Cancer Awareness Measure (Covid-CAM) Wave 2

Demographics

SHOW TO ALL: To start, we would like to ask a few questions about you to ensure we speak to a wide range of people, truly representative of the UK as a whole.

ASK ALL

1. Which of the following best describes you? *Single code*
Please select one answer.

1. Male
2. Female
3. Non binary
4. Transgender female
5. Transgender male
6. Other (please specify)
7. Prefer not to say

ASK ALL

2. How old are you?
Please enter your age below.

1. Numeric box [MIN 18]
2. Prefer not to say

ASK ALL

3. Which of these best describes your ethnicity? *Single code*
Please select one answer.

White
1. English/Welsh/Scottish/ Northern Irish/British
2. Irish
3. Gypsy or Irish Traveller
4. Any other white background (please describe)
Mixed/multiple ethnic groups
5. White and Black Caribbean
6. White and Black African
7. White and Asian
8. Any other mixed background (please describe)
Asian/Asian British

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9. Indian
10. Pakistani
11. Bangladeshi
12. Chinese
13. Any other Asian background (please describe)
Black/ African/Caribbean/Black British
14. Black Caribbean
15. Black African
16. Any other black background (please describe)
Other ethnic group
17. Arab
18. Other (please describe)
19. Prefer not to say

- 4. Removed for wave 2
- 5. removed for wave 2
- 6. removed for wave 2

ASK ALL

- 7. **Where do you live?** *Single code*

Please click on the map or select an option from the list

1. Scotland
2. North East
3. North West
4. Yorkshire and Humberside
5. East Midlands
6. Wales
7. Channel Islands (SCREEN OUT)
8. South East
9. Northern Ireland
10. East Anglia
11. South West
12. West Midlands
13. London
14. Prefer not to say

- 8. Removed for wave 2
- 9. Removed for wave 2

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ASK ALL

10. Please think about the highest income earner in your household or family unit. This could be you or someone you live with. What kind of job do they do?

If the highest income earner is retired, please indicate the kind of job that they used to do before they retired. *Single code*

Please select one answer.

1. Higher managerial/professional/administrator (e.g. Chief executive, senior civil servant, surgeon)
2. Intermediate managerial/professional/administrative (e.g. middle management, bank manager, teacher)
3. Supervisory/clerical/junior managerial/professional/administrative (e.g. shop floor supervisor, bank clerk, sales person)
4. Skilled manual worker (e.g. electrician, carpenter)
5. Semi-skilled and unskilled manual worker (e.g. assembly line worker, refuse collector, messenger)
6. Casual labourer, pensioner, student, unemployed (e.g. pensioner without private pension and anyone living on basic benefits)
7. Prefer not to say

Health and Lifestyle questions

SHOW TO ALL

Separator slide: Thank you for your answers so far. We would now like to ask a few questions about your day to day life.

ASK ALL

11. Which of the following best describes you? *Single code*

By smoking we mean regular cigarettes (either factory made or roll ups). We do not mean e-cigarettes.

Please select one answer.

1. I have never smoked
2. I used to smoke, but have given up
3. I smoke, but not every day
4. I smoke every day
5. Other (please specify) [text box]
6. Prefer not to say

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ASK ALL

12. **Thinking about last week, on how many days did you eat 5 or more portions of fruit and vegetables?** *Single code*
(One portion of fruit and vegetables is equal to an apple, orange, banana or similar sized fruit, 2 plums or nectarines or similar sized fruit, a handful of grapes or berries, one tablespoon of raisins, two serving spoons of cooked vegetables, beans or pulses or a dessert bowl of salad)

[Add images of 1 serving of fruit and veg]

Please select one answer.

Drop down box (Select one...Prefer not to say, Don't know, 0, 1, 2, 3, 4, 5, 6, Every day)

ASK ALL

13. **Thinking about last week, on how many days did you take part in physical activity for more than 30 minutes?** *Single code*
(by physical activity we mean anything that leaves you warm and slightly out of breath, such as brisk walking, gardening, dancing or doing housework)

Please select one answer.

Drop down box (Select one...Prefer not to say, Don't know, 0, 1, 2, 3, 4, 5, 6, Every day)

ASK ALL

14. **Thinking about last week, how many units of alcohol did you drink?** *Single code*
(A unit of alcohol is one small measure of spirits, half a pint of lager (3-4% strength) or half a small glass (175ml) of wine (12% strength))

[Add images of 1 unit of alcohol]

Please select one answer.

Drop down box (Select one... Prefer not to say and Don't know, 0, 1, 2, 3, 4, 5 etc up to 100)

ASK ALL

15. **How tall are you? (CM)** *Single code*
Please select one answer.

Drop down box (Select one...Prefer not to say, Don't know, 4ft 0in/ 122cm/48 inches – 7ft 11in/241cm/95 inches)

If your height is not in the drop down menu, please enter it in the box below:

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Please enter it in either feet/inches or centimetres

Other (please specify)

ASK ALL

16. **How much do you weigh? (KG)** *Single code*

Please select one answer.

Drop down box (Select one...Prefer not to say, Don't know, 7st 0lbs / 44.5kg / 98lbs - 20st 0lbs / 127kg / 280lbs, More than 20st / 127kg / 280lbs)

If your weight is not in the drop down menu, please enter it in the box below:

Please enter it in either stones/pounds or kilograms

Other (please specify)

ASK ALL

17. **Are you currently trying to do any of the following?** *Single code per row*

Please select one answer per statement.

[shown in random order]

	[1] Yes	[2] No	[3] Maybe	[4] Prefer not to say	[5] This is not applicable to me
1. Reduce the amount you smoke [ONLY SHOW TO THOSE WHO CODED 3-4 AT Q11]					
2. Stop smoking completely [ONLY SHOW TO THOSE WHO CODED 3-4 AT Q11]					
3. Increase the amount of fruit and vegetables you eat					
4. Decrease the amount of processed meat you eat (e.g. bacon, ham, salami, corned beef, sausages)					
5. Increase the amount of physical activity you do					
6. Reduce the amount of alcohol you drink					
7. Lose weight					

17a. **Have you been diagnosed with any of the following in the past 6 months?** *Multicode.*

Please select all that apply.

1. Arthritis
2. Cancer
3. Circulation problems

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4. Chest problems
5. Cholesterol problems
6. Depression
7. Diabetes
8. Heart problems
9. High blood pressure
10. Kidney problems
11. Stroke
12. Other (please specify)
13. None apply

Symptom experience and presentation

SHOW TO ALL

Separator slide: Thank you for your answers so far. The following questions are about your experience of health symptoms in the last 6 months.

ASK ALL

18. In the last 6 months, have you experienced any of the following health symptoms? *Single code per row*

Please select one answer per statement.

	1. Yes	2. No	3. Prefer not to say
1. Unexplained weight loss			
2. An unexplained lump or swelling			
3. A change in the appearance of a mole			
4. A persistent change in bowel habits (persistent means doesn't go away)			
5. A persistent change in bladder habits (persistent means doesn't go away)			
6. A persistent unexplained pain (persistent means doesn't go away)			
7. A persistent difficulty swallowing (persistent means doesn't go away)			

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8. A persistent cough (persistent means doesn't go away)			
9. Unexplained bleeding			
10. A sore that does not heal			
11. Persistent hoarseness (persistent means doesn't go away)			
12. Coughing up blood			
13. Tiredness all the time			
14. A change in an existing cough			
15. Shortness of breath			

SHOW TO ALL WHO SELECTED YES FOR ROW 1 AT Q18

You said that you have experienced **unexplained weight loss** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 1 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 2 AT Q18

You said that you have experienced **an unexplained lump or swelling** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q19, Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 2 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 3 AT Q18

You said that you have experienced **a change in the appearance of a mole** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 3 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 4 AT Q18

You said that you have experienced a **persistent change in bowel habits** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 4 AT Q18

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SHOW TO ALL WHO SELECTED YES FOR ROW 5 AT Q18

You said that you have experienced a **persistent change in bladder habits** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 5 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 6 AT Q18

You said that you have experienced **persistent unexplained pain** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 6 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 7 AT Q18

You said that you have experienced a **persistent difficulty swallowing** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 7 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 8 AT Q18

You said that you have experienced a **persistent cough** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 8 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 9 AT Q18

You said that you have experienced **unexplained bleeding** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q20, Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 9 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 10 AT Q18

You said that you have experienced a **sore that does not heal** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 10 AT Q18

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SHOW TO ALL WHO SELECTED YES FOR ROW 11 AT Q18

You said that you have experienced **persistent hoarseness** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 11 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 12 AT Q18

You said that you have experienced **coughing up blood** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 12 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 13 AT Q18

You said that you have experienced **tiredness all the time** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 13 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 14 AT Q18

You said that you have experienced **a change in an existing cough** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 14 AT Q18

SHOW TO ALL WHO SELECTED YES FOR ROW 15 AT Q18

You said that you have experienced **shortness of breath** in the last 6 months. We would now like to ask you a few more questions about this.

ASK Q21 – 24 TO ALL WHO SELECTED YES FOR ROW 15 AT Q18

SEE SCRIPTING INSTRUCTIONS ABOVE

19. **Where in the body was the lump or swelling?** *Single code*
Please select one answer.

1. Breast
2. Neck

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3. Armpit
4. Groin
5. Chest
6. Testicle
7. Stomach
8. Other
9. Prefer not to say

SEE SCRIPTING INSTRUCTIONS ABOVE

20. Where did the bleeding come from? *Single code*
Please select one answer.

1. Blood in your poo or from your back passage
2. Blood in your wee
3. Blood from your vagina
4. Other
5. Prefer not to say

SEE SCRIPTING INSTRUCTIONS ABOVE

21. Approximately when did you first notice this symptom? Please give your best guess.
Please select one answer. *Single code*

1. Less than 1 week ago
2. Less than 2 weeks ago
3. Less than 1 month ago
4. Less than 6 weeks ago
5. Less than 3 months ago
6. Less than 6 months ago
7. 6 months ago or longer
8. Prefer not to say

SEE SCRIPTING INSTRUCTIONS ABOVE

22. How concerned have you been that this symptom might be serious? *Single code*
Please select one answer.

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

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6. Prefer not to say

SEE SCRIPTING INSTRUCTIONS ABOVE

23. What do you think caused this symptom? *Multicode, randomise order of rows*
Please select all that apply.

1. Physical health problem (e.g. new or pre-existing condition such as asthma, an infection or allergic reaction)
2. Psychological health problem (e.g. mental health problems such as depression, stress or anxiety)
3. External and Lifestyle factors (e.g. weather changes, lack of sleep, changes in diet and exercise)
4. Cancer (e.g. possible cancerous symptom or cancer diagnosis)
5. COVID-19 (physical e.g. symptoms that could be COVID-19 infection or side effects from COVID-19 infection such as a high temperature or change in smell)
6. COVID-19 (psychological e.g. mental health problems related to COVID-19, such as boredom, financial pressures and COVID-related stress/worry)
7. I don't know/Not sure (anchor, single code)
8. Other – please specify (anchor, single code)
9. Prefer not to say (anchor, single code)

SEE SCRIPTING INSTRUCTIONS ABOVE

24. How long after you first noticed the symptom did you contact the GP about it? If you are unsure, please give your best guess. *Single code*
Please select one answer.

1. Did not contact the GP
2. Not contacted the GP yet, but plan to
3. Within 1 week of noticing the symptom
4. Within 2 weeks of noticing the symptom
5. Within 1 month of noticing the symptom
6. Within 6 weeks of noticing the symptom
7. Within 3 months of noticing the symptom
8. Within 6 months of noticing the symptom
9. Prefer not to say

SHOW TO ALL

Separator slide: Thank you for telling us about any symptoms that you have had over the last 6 months. The next questions are about what you would do and what you would think if you had a symptom.

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ASK ALL, BUT FILTER OUT SYMPTOMS WHERE THE RESPONSE WAS YES IN Q18.

25. If you had this symptom, approximately how long would it take you to contact the GP from the time you first noticed the symptom? *Single code per row, randomise order of rows*
Please select one answer.

	1. Would not contact the GP	2. Within 1 week of noticing the symptom	3. Within 2 weeks of noticing the symptom	4. Within 1 month of noticing the symptom	5. Within 6 weeks of noticing the symptom	6. Within 3 months of noticing the symptom	7. Within 6 months of noticing the symptom	9. Prefer not to say
An unexplained lump or swelling								
A persistent cough (persistent means doesn't go away)								
Unexplained bleeding								
Persistent hoarseness (persistent means doesn't go away)								
Coughing up blood								
Tiredness all the time								
A change in an existing cough								
Shortness of breath								

ASK ALL, BUT FILTER OUT SYMPTOMS WHERE THE RESPONSE WAS YES IN Q18.

25a. If you had this symptom, how serious would you think the symptom is? *Single code per row, randomise order of rows*

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Please select one answer.

	1. Not at all	2. A little bit	3. Moderately	4. Quite a bit	5. Extremely	6. Prefer not to say
An unexplained lump or swelling						
A persistent cough (persistent means doesn't go away)						
Unexplained bleeding						
Persistent hoarseness (persistent means doesn't go away)						
Coughing up blood						
Tiredness all the time						
A change in an existing cough						
Shortness of breath						

ASK ALL, BUT FILTER OUT SYMPTOMS WHERE THE RESPONSE WAS YES IN Q18.

25b. If you had *INSERT SYMPTOM*, which of the following do you think might cause the symptom? *Multicode, randomise order of symptoms and response options*

Select all that apply

List of symptoms:

An unexplained lump or swelling

A persistent cough (persistent means doesn't go away)

Unexplained bleeding

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Persistent hoarseness (persistent means doesn't go away)

Coughing up blood

Tiredness all the time

A change in an existing cough

Shortness of breath

Response options

1. Physical health problem (e.g. new or pre-existing condition such as asthma, an infection or allergic reaction)
2. Psychological health problem (e.g. mental health problems such as depression, stress or anxiety)
3. External and Lifestyle factors (e.g. weather changes, lack of sleep, changes in diet and exercise)
4. Cancer (e.g. possible cancerous symptom or cancer diagnosis)
5. COVID-19 (physical e.g. symptoms that could be COVID-19 infection or side effects from COVID-19 infection such as a high temperature or change in smell)
6. COVID-19 (psychological e.g. mental health problems related to COVID-19, such as boredom, financial pressures and COVID-related stress/worry)
7. I don't know/Not sure (anchor, single code)
8. Other – please specify (anchor, single code)
9. Prefer not to say (anchor, single code)

Seeking medical attention

SHOW TO ALL

Separator slide: We would now like to ask a few questions about any recent medical attention you may have sought.

ASK ALL

25c. In the last 6 months, have you considered contacting, or did you try to contact your GP practice to discuss a health concern with a medical professional? Single code.

Please select one answer.

1. Yes, I considered contacting my GP practice, but did not contact them
2. Yes, I tried to contact my GP practice
3. No, I did not consider contacting or try to contact my GP practice
4. I don't remember
5. Prefer not to say

ASK ALL WHO SELECTED CODE 1 AT Q25c

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25d. You said that in the last 6 months you have considered contacting your GP practice to discuss a health concern but did not contact them. Which of the following best describes what happened next? Single code.

Please select one answer.

1. I did not speak to a medical professional about my health concern
2. I spoke to a different medical professional NOT from my GP practice about my health concern (e.g. NHS 111, a pharmacist)
3. I don't remember
4. Prefer not to say

ASK ALL WHO SELECTED CODE 2 AT Q25c

26. You said that in the last 6 months you tried to contact your GP practice to discuss a health concern with a medical professional. Which of the following best describes your contact with your GP practice? Single code,
Please select one answer.

1. I saw a medical professional in person at my GP practice
2. I saw a medical professional in person at another GP practice location
3. I spoke to a medical professional from my GP practice on the phone (you could hear each other only)
4. I spoke to a medical professional from my GP practice on a video call (you could hear and see each other)
5. I spoke to a medical professional from my GP practice using online messaging (for example, by email)
5a. I spoke to a different medical professional NOT from my GP practice (e.g. NHS 111, a pharmacist)
6. Other - please specify (text box) (anchor)
7. I don't remember (single code) (anchor)
8. I did not speak to a medical professional (single code) (anchor)
9. Prefer not to say (single code) (anchor)

ASK ALL

26a. If you have received advice from your GP or Doctor remotely (e.g. a video or telephone call) for a health concern in the last 6 months, to what extent do you agree or disagree with the following statements. Single code per row

Please select one answer per statement. If you have not had a remote appointment with your GP or Doctor, select 'not applicable'

	[1] Strongly agree	[2] Somewhat agree	[3] Somewhat disagree	[4] Strongly disagree	[5] Not applicable	[6] Prefer not to say
1. Remote GP consultations are						

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more convenient for me compared with attending face to face						
2. Remote GP consultations make me feel safer from coronavirus compared with attending face to face						
3. I am concerned that remote GP consultations may result in the wrong decision being made about my care						
4. Remote consultations could be useful to continue after COVID-19						
5. I do not want remote GP consultations to continue after COVID-19						
6. In the future, I would like to be offered the choice of a face to face consultation or remote consultation						
7. I feel comfortable discussing my health concern via remote GP consultation						
8. Remote GP consultation allowed my concerns to be adequately addressed						

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9. I had access to the equipment I needed to have a remote consultation						
10. I understood the advice given to me just as well as if it had been a face-to-face consultation						

ASK ALL

- 27. The last time you saw or spoke to a medical professional about your health, did any of the following play a role in your decision to do so? Multi code, randomise codes 1-11**
(This may have been an appointment with a medical professional (e.g. a doctor, nurse or pharmacist) in person, online or over the phone).
Please select all that apply.

1. I had a symptom that I thought might be a sign of cancer
2. I had a symptom that was unusual for me
3. I had a symptom that was painful
4. I knew someone who had a similar symptom, and it turned out to be serious
5. I had a symptom that didn't go away
6. My friends or family encouraged me to go
7. I had a symptom, but I didn't know what was causing it
8. I had a symptom that was "bothersome"
9. I had a feeling that something wasn't right
10. I had seen information about this symptom in the media (e.g. on tv, radio, posters or magazines)
11. I could have a remote consultation (for example, by phone, email or video call)
12. Other – please specify (text box) (anchor)
13. I have never sought medical attention (single code) (anchor)
14. I don't remember (single code) (anchor)
15. Prefer not to say (anchor)

ASK ALL

- 28. Thinking about the last time you considered seeing or speaking to a medical professional about your health, did any of the following put you off, or make you delay doing so? Multi code, randomise codes 1-17**
(This may have been an appointment with a medical professional (e.g. a doctor, nurse or pharmacist) in person, online or over the phone).
Please select all that apply.

1. I found it embarrassing talking about my symptoms
--

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2. I worried about wasting the healthcare professional's time
3. I found it difficult to get an appointment with a particular health professional
4. I found it difficult to get an appointment at a convenient time
5. I was too busy to make time to seek medical attention
6. I had too many other things to worry about
7. I worried about what they might find wrong with me
8. I didn't feel confident talking about my symptom(s)
9. I worried they wouldn't take my symptom(s) seriously
10. I didn't want to be seen as someone who makes a fuss
11. I didn't want to talk to a receptionist/administrative person about my symptom(s)
12. I worried about the possibility of having treatment
13. I worried about the impact on my employment from taking time off
14. I worried about catching coronavirus
15. I worried about putting extra strain on the NHS
16. I had symptoms that might have been related to coronavirus
17. It would have been difficult for me to discuss my health problem remotely (by phone, email or video call)
17a. I found it difficult to get an appointment
18. Other – please specify (text box) (anchor)
19. Nothing put me off/delayed me in seeking medical attention (single code) (anchor)
20. I don't remember (single code) (anchor)
21. Prefer not to say (anchor) (single code)

Cancer awareness

SHOW TO ALL

Separator slide: Next, we would like to ask a few questions about your awareness of cancer. Please note this is not a test and we are simply trying to understand your current awareness of this disease.

ASK ALL

29. Please list as many warning signs and symptoms of cancer as you can think of in the boxes below:

Please type one answer in each box

Text box (12 of this size displayed)
Not sure (Tick box below text boxes)

ASK ALL

30. Which of the following, if any, do you think could be warning signs or symptoms of cancer?

Single code per row, randomise

You may have already mentioned some of these in the last question.

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Please select one answer per symptom.

	[1] Yes, I think this could be a sign of cancer	[2] No, I don't think this could be a sign of cancer	[3] Don't know/ not sure
1. An unexplained lump or swelling			
2. Persistent unexplained pain			
3. Unexplained bleeding			
4. A persistent cough			
5. A persistent change in bowel habits			
6. A persistent change in bladder habits			
7. A persistent difficulty swallowing			
8. A change in the appearance of a mole			
9. A sore that does not heal			
10. Unexplained weight loss			
11. Persistent hoarseness			
12. Coughing up blood			
13. Shortness of breath			
14. Tired all the time			
15. A change to an existing cough			

ASK ALL

31. How confident are you that you would notice a symptom of lung cancer in yourself? *Single code*

Please select one answer.

1. Not at all confident
2. Not very confident
3. Fairly confident
4. Very confident
5. Don't know

ASK ALL

32. What things do you think could increase a person's chance of developing cancer? Please list as many things you can think of in the boxes below.

Please type one answer in each box

Text box (12 text boxes)
Not sure (Tick box below text boxes)

ASK ALL

33. Which of the following, if any, do you think could increase a person's chance of developing cancer? *Single code per row, randomise*

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You may have already mentioned some of these in the last question.

Please select one answer per option

	[1] Yes, I think this could increase a person's chance of developing cancer	[2] No, I don't think this could increase a person's chance of developing cancer	[3] Don't know / not sure
1. Using mobile phones			
2. Feeling stressed			
3. Smoking			
4. Not eating enough fruit and vegetables			
5. Being overweight			
6. Being obese			
7. Having a close relative with cancer			
8. Drinking alcohol			
9. Not doing enough physical activity			
10. Getting sunburnt			
11. Eating processed meat (eg. bacon, ham, salami, corned beef, sausage)			
12. Exposure to another person's smoking			
13. Being older			
14. Infection with HPV (HPV - a type of virus that infects the skin and the cells lining body cavities)			
15. Not eating enough fibre			
16. Having a previous history of lung disease, such as, Chronic Obstructive Pulmonary Disease (COPD)			

(SHOWN ON SEPARATE SCREEN) Please note: Mobile phone usage and stress are not risk factors, and do not increase a person's chance of developing cancer.

Every other risk factor from the previous question could increase a person's chance of developing cancer.

ASK ALL

34. Have you, anyone in your family or any of your friends had cancer? *Multi code*

Please select all that apply.

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1. Me
2. My partner
3. Someone in my immediate family (e.g. parents, grandparents, siblings)
4. Someone in my wider family (e.g. cousin, aunt, uncle)
5. A close friend
6. An acquaintance
7. A colleague
8. Someone else (please specify)
9. None of those (single code)
10. Prefer not to say (single code)

Cancer screening programmes – cervical cancer

SHOW TO ALL

Separator slide: The next questions are about cervical screening. The cervical screening programme invites women aged 25 to 64 to have regular cervical screening tests (sometimes called a smear test, Pap test or HPV test).

ASK ALL WOMEN, NON-BINARY, TRANSGENDER MEN, OTHER OR PREFER NOT TO SAY FOR GENDER, AND AGED 25 OR OVER / PREFER NOT TO SAY AT Q2

35. Did you go for cervical screening the last time you were invited? *Single code.*
Please select one answer.

1. Yes
2. No
3. I have never been invited
4. I am not eligible
5. Don't know
6. Prefer not to say

ASK IF SELECTED CODE 2 AT Q35

36. You said you didn't go last time you were invited. Was this related to coronavirus? *Single code.*
Please select one answer.

1. Yes, I tried to go but wasn't able to due to coronavirus
2. Yes, I chose not to go due to coronavirus
3. No, not going was not related to coronavirus
4. Prefer not to say

ASK ALL WOMEN, NON-BINARY, TRANSGENDER MEN, OTHER OR PREFER NOT TO SAY FOR GENDER, AND AGED 25 OR OVER / PREFER NOT TO SAY AT Q2

37. Will you go for cervical screening next time you are invited? *Single code*
Please select one answer.

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1. Yes, definitely
2. Yes, probably
3. No, probably not
4. No, definitely not
5. I'm not eligible to be invited in the future
6. Don't know
7. Prefer not to say

ASK IF SELECTED CODES 1, 2, 5, 6 AT Q35

38. Thinking about the last time you were invited for cervical screening, did any of the following put you off going? Multi code, randomise 1-14

Please select all that apply.

1. I was worried that cervical screening might be painful
2. I didn't have any symptoms of cervical cancer
3. I had other more important things to worry about than cervical screening
4. I was too busy to go for cervical screening
5. I don't think that I am at risk of cervical cancer
6. I was too embarrassed to go for cervical screening
7. I was too frightened of what the test might find
8. I didn't want a man to carry out the screening test
9. I have had a bad experience of cervical screening in the past
10. After thinking about the test, I decided that the risks of taking part outweigh the benefits
11. I was too afraid of having treatment if I was found to have cancer
12. I was worried about catching coronavirus if I went for screening
13. I had symptoms that might have been related to coronavirus
13a. I found it difficult to get an appointment
13b. I worried about putting extra strain on the NHS
14. Other – please specify (text box)
15. I have never been invited for cervical screening (single code) (anchor)
16. Prefer not to say (single code) (anchor)
17. Nothing put me off going (single code) (anchor)
18. I don't remember (single code) (anchor)

(SHOWN ON SEPARATE SCREEN) Please note: Screening is for people who don't have symptoms. If you have symptoms, please speak to your GP.

Cancer screening – bowel cancer

SHOW TO ALL

The next questions are about bowel cancer screening. Every two years 60 to 74 year-olds in England, Wales and Northern Ireland and 50 to 74 year-olds in Scotland are sent a stool test kit to do

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at home to screen for bowel cancer every two years. This is known as the Faecal Occult Blood (FOB) Test or the Faecal Immunochemical Test (FIT).

ASK ALL AGED 50 AND OVER / PREFER NOT TO SAY AT Q2

39. Did you complete a bowel cancer stool test kit last time you were sent one? (Faecal occult blood (FOB) test, or FIT) *Single code*
Please select one answer.

1. Yes
2. No
3. I have never been sent a kit
4. I am not eligible
5. Don't know
6. Prefer not to say

ASK ALL AGED 50 AND OVER / PREFER NOT TO SAY AT Q2

40. Will you complete the kit next time you are sent one? *Single code*
Please select one answer.

1. Yes, definitely
2. Yes, probably
3. No, probably not
4. No, definitely not
5. I'm not eligible to receive a kit in the future
6. Don't know
7. Prefer not to say

ASK IF SELECTED CODES 1, 2, 5, 6 AT Q39

41. Thinking about the last time you received a bowel cancer stool test kit, did any of the following put you off completing it? *Multi code, randomise 1-10*
Please select all that apply.

1. I had other more important things to worry about than bowel screening
2. I didn't have any symptoms of bowel cancer
3. I was too busy to complete the stool test kit
4. I found it too difficult to complete the stool test kit
5. I don't think that I am at risk of developing bowel cancer
6. I found it too messy to complete the stool test kit
7. I found it too embarrassing to complete the stool test kit
8. I was too frightened of what the stool test might find
9. I was too afraid of having treatment if I was found to have cancer
10. After thinking about the test, I decided that the risks of taking part outweigh the benefits
10a. I worried about putting extra strain on the NHS
11. Other – please specify (text box) (anchor)

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12. I have never received a bowel cancer screening stool test kit (single code) (anchor)
13. Prefer not to say (single code) (anchor)
14. Nothing put me off completing it (single code) (anchor)
15. I don't remember (single code) (anchor)

(SHOWN ON SEPARATE SCREEN) Please note: Screening is for people who don't have symptoms. If you have symptoms, please speak to your GP.

ASK ALL

42. To what extent do you agree or disagree with the following statements. Single code per row. Randomise the rows.

Please select one answer per statement

	[1] Strongly agree	[2] Somewhat agree	[3] Somewhat disagree	[4] Strongly disagree	[5] I don't know	[6] Prefer not to say
11. I am confident that I would be safe from coronavirus if I needed to attend an appointment at a hospital.						
12. I am confident that I would be safe from coronavirus if I needed to attend an appointment at my GP surgery.						
13. I am less likely to attend a cancer screening appointment now than I was before the Coronavirus pandemic lockdown (i.e. before March 2020)						
14. I'm worried about delays to cancer screening caused by coronavirus						
15. Cancer screening saves lives						
16. Going to the doctor as quickly as possible						

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after noticing a symptom of cancer could increase the chances of surviving						
17. I'm worried about delays to cancer tests and investigations caused by coronavirus						
18. It is harder to get an appointment with my GP now than it was before the coronavirus pandemic started						
19. I am confident I would be safe from coronavirus if I needed to attend a medical appointment on a mobile unit (by 'mobile unit' we mean a small medical van or trailer which can be moved to provide medical care or testing in different locations).						

Thank and close

Thank you for taking part in the survey.

You can find information about cancer by going to <https://www.cancerresearchuk.org/about-cancer>

If you would like to speak to a cancer nurse, you can call the freephone Cancer Research UK nurse help line on 0808 800 4040

Should you have any questions about this study, please contact Victoria.whitelock@cancer.org.uk.

If you would like to take part in further research about coronavirus and cancer, please see another survey we have live until the end of February [here](#). This survey by CRUK aims to understand more about the impact of COVID-19 on the lives of cancer patients.