Cancer Awareness Measure survey for YouGov scripting

- For MBR_1Int and MBR_5Int when people are first asked, the options 'can't think of any' and 'prefer not to say' will be available.
  - These options will only appear if the person tries to proceed without providing an answer
- Only those who provide an answer will be asked the question again
  - The option 'can't think of any more' will be visible at the bottom of the boxes.
- Specify if people select 'other' for MBR_11; can this also be re-coded into the given categories as far as possible?

MBR_Intro
The first set of questions is about cancer awareness. The questions are being asked on behalf of Cancer Research UK.

PAGE START

MBR_1Int
There are many warning signs and symptoms of cancer.

Please enter as many warning signs and symptoms of cancer as you can think of by clicking and typing in the boxes below. Please enter one in each box.

MBR_1Int_1

STRING [50]
(-8) Can't think of any
(-9) Prefer not to answer

MBR_1Int_2
STRING [50]

MBR_1Int_3

STRING [50]

MBR_1Int_4

STRING [50]

MBR_1Int_5

STRING [50]

MBR_1Int_6

STRING [50]

[For MBR_1Int_2 to MBR_1Int_6: allow blank answers]

PAGE END

PAGE START

SymTxt {ASK MBR_1Int_1 <> -8 or -9}

Just to check, can you think of any more warning signs or symptoms of cancer?

Please enter as many warning signs and symptoms of cancer as you can think of by clicking and typing in the boxes below. Please enter one in each box.

MBR_1Int_7 {ASK MBR_1Int_1 <> -8 or -9}
STRING[50]

MBR_1Int_8 {ASK MBR_1Int_1 <> -8 or -9}
STRING[50]

MBR_1Int_9 {ASK MBR_1Int_1 <> -8 or -9}
STRING[50]

MBR_1Int_10 {ASK MBR_1Int_1 <> -8 or -9}
STRING[50]

MBR_1Int_11 {ASK MBR_1Int_1 <> -8 or -9}
STRING[50]

MBR_1Int_12 {ASK MBR_1Int_1 <> -8 or -9}
STRING[50]

(8) Can't think of any more

[For MBR_1Int_7 to MBR_1Int_11: allow blank answers]

PAGE END

PAGE START

MBR_2Inta
LAYOUT: GRID – one column heading per page detailing response options.

The following may or may not be warning signs for cancer. We are interested in your opinion. You may have already mentioned some of these warning signs in the previous question.

For each of the following, do you think they could be a sign of cancer?

Please select one answer on every row.

MBR_2aa
GRID ROW: An unexplained lump or swelling
GRID COLUMNS: (1) Yes it could
                       (2) No it could not
                       (3) Don't know/not sure

MBR_2ab
GRID ROW: Persistent unexplained pain
GRID COLUMNS: (1) Yes it could
                              (2) No it could not
                              (3) Don't know/not sure

MBR_2ac
GRID ROW: Unexplained bleeding
GRID COLUMNS: (1) Yes it could
                              (2) No it could not
                              (3) Don't know/not sure

MBR_2ad
GRID ROW: A persistent cough or hoarseness
GRID COLUMNS: (1) Yes it could
                              (2) No it could not
                              (3) Don't know/not sure

MBR_2ae
GRID ROW: A persistent change in bowel or bladder habits
GRID COLUMNS: (1) Yes it could
                              (2) No it could not
                              (3) Don't know/not sure

PAGE END

PAGE START

MBR_2Int2a
LAYOUT: GRID – one column heading per page detailing response options.

And for each of the following, do you think they could be a sign of cancer?

Please select one answer on every row.

MBR_2af
GRID ROW: Persistent difficulty swallowing
GRID COLUMNS: (1) Yes it could
                              (2) No it could not
                              (3) Don't know/not sure

MBR_2ag
GRID ROW: A change in appearance of a mole
GRID COLUMNS: (1) Yes it could
                              (2) No it could not
                              (3) Don't know/not sure

MBR_2ah
GRID ROW: A sore that does not heal
GRID COLUMNS: (1) Yes it could
                              (2) No it could not

(3) Don't know/not sure

MBR_2ai
GRID ROW: Unexplained weight loss
GRID COLUMNS: (1) Yes it could
(2) No it could not
(3) Don't know/not sure

PAGE END

PAGE START

MBR_3Int1a
LAYOUT: GRID – one column heading per page detailing response options.

Which of the following might put you off going to the doctor?

Please select an answer for each of the statements.

DISPLAY

MBR_3aa
GRID ROW: I find it embarrassing talking to the doctor about my symptoms.
GRID COLUMNS: (1) Strongly agree
(2) Agree
(3) Neither agree or disagree
(4) Disagree
(5) Strongly disagree

MBR_3ab
GRID ROW: I would be worried about wasting the doctor's time.
GRID COLUMNS: (1) Strongly agree
(2) Agree
(3) Neither agree or disagree
(4) Disagree
(5) Strongly disagree

MBR_3ac
GRID ROW: My doctor is difficult to talk to.
GRID COLUMNS: (1) Strongly agree
(2) Agree
(3) Neither agree or disagree
(4) Disagree
(5) Strongly disagree

MBR_3ad
GRID ROW: I find it difficult to get an appointment with a particular doctor.
GRID COLUMNS: (1) Strongly agree
(2) Agree
(3) Neither agree or disagree
(4) Disagree

(5) Strongly disagree

MBR_3ae
GRID ROW: I find it difficult to get an appointment with a doctor at a convenient time.
GRID COLUMNS: (1) Strongly agree
          (2) Agree
          (3) Neither agree or disagree
          (4) Disagree
          (5) Strongly disagree

PAGE END

PAGE START

MBR_3Int2a
LAYOUT: GRID – ONE COLUMN HEADING PER PAGE DETAILING RESPONSE

And again, which of the following might put you off going to the doctor?

Please select an answer for each of the statements.

DISPLAY

MBR_3af
GRID ROW: I would be too busy to make time to go to the doctor.
GRID COLUMNS: (1) Strongly agree
          (2) Agree
          (3) Neither agree or disagree
          (4) Disagree
          (5) Strongly disagree

MBR_3ag
GRID ROW: I have too many other things to worry about.
GRID COLUMNS: (1) Strongly agree
          (2) Agree
          (3) Neither agree or disagree
          (4) Disagree
          (5) Strongly disagree

MBR_3ah
GRID ROW: I would be worried about what they might find wrong with me.
GRID COLUMNS: (1) Strongly agree
          (2) Agree
          (3) Neither agree or disagree
          (4) Disagree
          (5) Strongly disagree

MBR_3ai
GRID ROW: I would be worried about what tests they might want to do.
GRID COLUMNS: (1) Strongly agree
          (2) Agree

(3) Neither agree or disagree
(4) Disagree
(5) Strongly disagree

MBR_3aj
GRID ROW: I wouldn't feel confident talking about my symptom(s) with the doctor.
GRID COLUMNS: (1) Strongly agree
                (2) Agree
                (3) Neither agree or disagree
                (4) Disagree
                (5) Strongly disagree

PAGE END

PAGE START

MBR_3Int3a
LAYOUT: GRID – one column heading per page detailing response options.

And finally, which of the following might put you off going to the doctor?

Please select an answer for each of the statements.

DISPLAY

MBR_3ak
GRID ROW: I've had a bad experience at the doctor's in the past.
GRID COLUMNS: (1) Strongly agree
                (2) Agree
                (3) Neither agree or disagree
                (4) Disagree
                (5) Strongly disagree

MBR_3al
GRID ROW: I would be worried the doctor wouldn't take my symptom(s) seriously.
GRID COLUMNS: (1) Strongly agree
                (2) Agree
                (3) Neither agree or disagree
                (4) Disagree
                (5) Strongly disagree

MBR_3am
GRID ROW: I don't want to be seen as somebody who makes a fuss.
GRID COLUMNS: (1) Strongly agree
                (2) Agree
                (3) Neither agree or disagree
                (4) Disagree
                (5) Strongly disagree

MBR_3an
GRID ROW: I don't like having to talk to the GP receptionist about my symptom(s).

GRID COLUMNS: (1) Strongly agree
                   (2) Agree
                   (3) Neither agree or disagree
                   (4) Disagree
                   (5) Strongly disagree

PAGE END

PAGE START

MBR_4
Is there anything else that would put you off going to the doctor?
(1) Yes
(2) No

MBR_4Sp {IF MBR_4 = 1}
What else would put you off going to the doctor?

STRING [255]

PAGE START

MBR_5Int

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

Please enter as many things that affect a person's chance of developing cancer as you can think of, by clicking and typing in the boxes below. Please enter one in each box.

DISPLAY

MBR_5Int_1

STRING[70]

(-8) Can't think of any
(-9) Prefer not to answer

MBR_5Int_2

STRING[70]

MBR_5Int_3
STRING[70]

MBR_5Int_4

STRING[70]

MBR_5Int_5

STRING[70]

MBR_5Int_6

STRING[70]

[For MBR_5Int_2 to MBR_5Int_6: allow blank answers]

PAGE END

PAGE START

CauTxt {IF MBR_5Int_1 <> -8 or -9}

Just to check, can you think of any more things that affect a person's chance of developing cancer?

Please enter as many things that affect a person's chance of developing cancer as you can think of, by clicking and typing in the boxes below. Please enter one in each box.

MBR_5Int_7

STRING[70]

MBR_5Int_8

STRING[70]

MBR_5Int_9

STRING[70]

MBR_5Int_10

STRING[70]

MBR_5Int_11

STRING[70]

MBR_5Int_12

STRING[70]

(8) Can't think of any more

[For MBR_7Int_2 to MBR_5Int_12: allow blank answers]

PAGE END

PAGE START

MBR_6Int1a
LAYOUT: GRID – ONE COLUMN HEADING PER PAGE DETAILING RESPONSE

The following may or may not increase a person's chance of developing cancer. We are interested in your opinion. You may have already mentioned some of these factors in the last question.

For each of the following, do you think they can increase a person's chance of developing cancer?

Please select one answer on every row.

DISPLAY

MBR_6aa

GRID ROWS: Smoking
GRID COLUMNS: (1) Yes it could
                      (2) No it couldn't
                      (3) Don't know/not sure

MBR_6ab

GRID ROWS: Not eating many fruits or vegetables
GRID COLUMNS: (1) Yes it could
                      (2) No it couldn't
                      (3) Don't know/not sure

MBR_6ac

GRID ROWS: Being overweight
GRID COLUMNS: (1) Yes it could
                      (2) No it couldn't
                      (3) Don't know/not sure

MBR_6ad

GRID ROWS: Having a close relative with cancer
GRID COLUMNS: (1) Yes it could
                      (2) No it couldn't
                      (3) Don't know/not sure

MBR_6ae

GRID ROWS: Drinking alcohol
GRID COLUMNS: (1) Yes it could
                      (2) No it couldn't
                      (3) Don't know/not sure

MBR_6af

GRID ROWS: Not doing much physical activity
GRID COLUMNS: (1) Yes it could

(2) No it couldn't
(3) Don't know/not sure

MBR_6Int2a
LAYOUT: Grid – one column heading per page detailing response options.

And again, for each of the following, do you think they can increase a person's chance of developing cancer?

Please select one answer on every row.

DISPLAY

MBR_6ag

GRID ROWS: Getting sunburnt
GRID COLUMNS: (1) Yes it could
                       (2) No it couldn't
                       (3) Don't know/not sure

MBR_6ah

GRID ROWS: Eating too much red or processed meat
GRID COLUMNS: (1) Yes it could
                       (2) No it couldn't
                       (3) Don't know/not sure

MBR_6ai

GRID ROWS: Exposure to another person's smoking
GRID COLUMNS: (1) Yes it could
                       (2) No it couldn't
                       (3) Don't know/not sure

MBR_6aj

GRID ROWS: Being older
GRID COLUMNS: (1) Yes it could
                       (2) No it couldn't
                       (3) Don't know/not sure

MBR_6ak

GRID ROWS: Infection with HPV (human papillomavirus)
GRID COLUMNS: (1) Yes it could
                       (2) No it couldn't
                       (3) Don't know/not sure

MBR_6al

GRID ROWS: Not eating enough fibre

GRID COLUMNS: (1) Yes it could
                            (2) No it couldn't
                            (3) Don't know/not sure

PAGE END

PAGE START

LAYOUT: Ask all questions on same page.

MBR_7
Who do you think is most likely to develop cancer?

(1) Someone in their twenties
(2) Someone in their thirties
(3) Someone in their forties
(4) Someone in their fifties
(5) Someone on their sixties
(6) Someone in their seventies
(7) Someone in their eighties
(8) Cancer is unrelated to age
(9) Don't know/not sure

MBR_8

As far as you're aware, is there an NHS bowel cancer screening programme?

(1) Yes
(2) No
(3) Don't know

MBR_9 {IF MBR_8 = 1}

At what age are people invited for bowel cancer screening?

Please click in the box and type an age.

1..120

SOFTCHECK {IF (MBR_9 < 10) OR (MBR_9 > 90) "The age you have provided seems unlikely. Are you sure this is correct?." }

MBR_10

Finally in this section, have you, or any of your friends or family, had cancer?

 Please select all that apply.

(1) You
(2) Your partner

(3) Close family member
(4) Other family member
(5) Close friend
(6) Other friend
(7) None of these [EXCLUSIVE]
(8) Prefer not to say