



## Cancer Awareness Measure 'Plus' (CAM+) 2024

### SHOW: ALL

Welcome to this survey about health attitudes and behaviours conducted by YouGov on behalf of a UK charity. The charity will be using the results to inform what they should be doing now and in the future. Anonymised results will be shared with public health bodies across the UK, NHS/health service organisations and other charities, and the general public. It is the charity's intention to publish the results of this research project in academic journals and present findings at conferences. You will not be identified in any reports, publications or presentations.

The information collected will be stored safely in a national archive and shared with other researchers so that it can be used for research in the future which is in the public interest. Any information that could identify you will be removed so that no one who may wish to download it in the future will know who you are.

Your participation in this survey is voluntary and you can choose not to answer any question by selecting the 'Prefer not to say' option.

Your YouGov Account will be credited with 50 points for completing the survey.

We have tested the survey and found that, on average it takes around 15 minutes to complete. This time may vary depending on factors such as your Internet connection speed and the answers you give.

Please click the forward button below to continue.

### Awareness of Risk Factors

#### SHOW: ALL

First, we would like to ask a few questions about your awareness of cancer. Please note: this is not a test. We just want to understand your current awareness or beliefs about this disease.

#### ASK: ALL

**[A1]** 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. There is no minimum or maximum number of answers you should give.

Please type one answer in each box. Answers should be short and only use a few words.

1	Open text box
2	Open text box

3	Open text box
4	Open text box
5	Open text box
6	Open text box
7	Open text box
8	Open text box
9	Open text box
10	Open text box
11	Open text box
12	Open text box
13	Don't know/not sure
14	Prefer not to say

**ASK: ALL**

**[A2]** Which of the following, if any, do you think could increase a person's chance of developing cancer?

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

Please select one answer for each option.

*Show in randomised order*

1	Feeling stressed
2	Smoking
3	Being overweight
4	Being obese
5	Having a close relative with cancer
6	Drinking alcohol
7	Not doing enough physical activity
8	Too much exposure to the sun
9	Eating processed meat (e.g. bacon, ham, hot dogs)
10	Exposure to another person's smoking
11	Being older
12	Infection with HPV (HPV - a type of virus that infects the skin and cells lining the inside of the body e.g. mouth, throat or genitals)
13	Not eating enough fibre from wholegrain foods (e.g. brown rice, whole wheat pasta, oats and wholegrain bread)
14	Using e-cigarettes/vaping
15	Eating ultra-processed foods (foods that are produced using ingredients you wouldn't find in your kitchen, such as artificial flavours, colouring, and preservatives e.g. ready meals, frozen pizza, confectionary, pre-packaged cakes and biscuits)
16	Air pollution

Response options:

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

4	Prefer not to say
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### SHOW: ALL

Please note: stress and eating ultra-processed foods do not cause cancer, but eating lots of ultra-processed foods can make it harder to maintain a healthy weight. Overweight and obesity is the second most common cause of cancer in the UK.

For some people, being stressed can make it harder to be healthy, and they may drink more alcohol or exercise less. While these unhealthy habits increase the risk of cancer, the stress itself does not.

E-cigarettes are far less harmful than smoking and can help people who smoke to stop. There is currently no good evidence that e-cigarettes cause cancer, but e-cigarettes are not risk-free. We don't yet know their long-term effects. Children and people who have never smoked shouldn't use them.

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

The list does not include all risk factors of developing cancer.

### Awareness of signs and symptoms

#### ASK: ALL

**[B2]** Which of the following, if any, do you think could be potential signs or symptoms of cancer?

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

Note: a "persistent" symptom is a symptom that doesn't go away or keeps coming back

Please select one answer for each symptom.

#### Show in randomised order

1	An unexplained lump or swelling
2	A persistent unexplained pain
3	Unexplained bleeding between periods, after sex or after the menopause
4	A persistent cough
5	A change in bowel habits (e.g. needing to poo more often or constipation, looser or firmer poos)
6	A change in bladder habits (e.g. needing to wee more often)
7	A persistent difficulty swallowing
8	A change in the appearance of a mole (e.g. change in size, shape or colour, becoming crusty, itchy, painful, bleeding or oozing)
9	A sore that does not heal
10	Losing weight without trying to
11	Persistent hoarseness (e.g. voice sounding raspy, strained, or breathy)
12	Coughing up blood
13	Breathlessness

14	Feeling tired all the time for no clear reason
15	An ulcer in the mouth that doesn't heal
16	Red or white patches in your mouth
17	Not feeling as hungry as usual
18	Blood in poo or pee

Response options:

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
4	Prefer not to say

**ASK: THOSE WHO SELECT CODE 1 FOR PERSISTENT UNEXPLAINED PAIN IN B2**

**[B3]** Which of the following, if any, do you think could be potential signs or symptoms of cancer?

Note: a "persistent" symptom is a symptom that doesn't go away or keeps coming back

Please select one answer for each symptom.

*Show in randomised order*

1	Persistent tummy pain
2	Persistent chest pain
3	Persistent back pain
4	Persistent bone pain

Response options:

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
4	Prefer not to say

## Health Behaviours

**SHOW: ALL**

Next, we would like to ask a few questions about your day-to-day life.

**ASK: ALL**

**[C1]** Which of the following best applies to you?

Please note we are referring to cigarettes (including hand-rolled) and other kinds of tobacco that you inhale and NOT electronic/e-cigarettes.

Please select one answer.

1	I smoke cigarettes every day
2	I smoke cigarettes, but not every day
3	I do not smoke cigarettes at all, but I do smoke tobacco of some kind (e.g. Pipe, cigar or shisha)
4	I used to smoke cigarettes, but I stopped smoking completely in the last year
5	I used to smoke cigarettes, but I stopped smoking completely more than a year ago
6	I have never been a smoker (i.e. smoked less than 100 cigarettes in your lifetime)
7	Don't know/not sure
8	Prefer not to say

#Q3 (wording tweaked)

**ASK: ALL**

**[C2]** Thinking about last week, how many units of alcohol did you drink in total?  
The picture below shows you how many units are in different drinks.



Please select one answer.

Drop down box (Select one... 1. 0, 2. 1, 3. 2, 4. 3, 5. 4, 6. 5 etc up to 100, 102.  
Prefer not to say, 103. Don't know/not sure)

**ASK: ALL**

**[C3]** Are you currently trying to do any of the following?

Please select one answer for each statement.

*Randomise statement order*

	[1] Yes	[2] No	[3] Maybe	[4] Prefer not to say	[5] This is not applicable to me
1. Reduce how much you smoke <b>[ONLY SHOW TO</b>					

THOSE WHO CODED 1-3 AT C1]					
2. Stop smoking completely [ONLY SHOW TO THOSE WHO CODED 1-3 AT C1]					
3. Lose weight					
4. Reduce your exposure to the sun (e.g. using shade, clothing, or sunscreen)					
5. Drink less alcohol					
6. Eat more wholegrain foods (e.g. brown rice, whole wheat pasta, oats and wholegrain bread)					
7. Eat less processed meat (e.g. bacon, ham, corned beef, chorizo, hot dogs)					
8. Increase how much physical activity you do					

## Barriers and Prompts to Help-Seeking

### SHOW: ALL

We would now like to ask a few questions about the last time you discussed a symptom or health concern with a healthcare professional.

### ASK: ALL

**[D1]** Have you discussed a symptom or health concern with a healthcare professional in the last 12 months?

This may have been with **any** healthcare professional (e.g. a doctor, nurse or pharmacist). This may have taken place in person or remotely (e.g. online, over the phone).

1	Yes
2	No
3	I don't remember
4	Prefer not to say

### ASK: ALL WHO HAVE DISCUSSED A SYMPTOM/HEALTH CONCERN WITH HCP (D1 = 1)

**[D2]** Think back to the last time you discussed a symptom or health concern you had with a healthcare professional. This may have been with **any** healthcare professional (e.g. a doctor, nurse or pharmacist). This may have taken place in person or remotely (e.g. online, over the phone).

We want to understand what played a role in your decision to discuss your symptom or health concern with a healthcare professional.

How much, if at all, did the following play a role in your decision?

Please select one answer for each statement.

*Randomise statement order*

1	I had a symptom that I thought might be a sign of cancer
2	I had a symptom that was unusual for me, or I had a feeling that something wasn't right
3	I had a symptom that was painful or "bothersome"
4	I had a symptom that didn't go away or was getting worse
5	My friends, family or my carer encouraged me to go
6	I had a symptom, but I didn't know what was causing it
7	I looked up my symptom online and it said it might be serious
8	I tried treating or managing the symptom myself but it didn't help
9	I was attending an appointment for an existing problem/condition, so I asked about this symptom whilst I was there

Response options:

1	A lot
2	A little
3	Not much
4	Not at all
5	Don't know/not sure
6	Prefer not to say

**ASK: ALL WHO HAVE DISCUSSED A SYMPTOM/HEALTH CONCERN WITH HCP (D1 = 1)**

**[D3]** Did anything else not listed in the previous question play a role in your decision to discuss a symptom or health concern you had with a healthcare professional?

Please type your answer below.

1	Open text box
2	Open text box
3	Open text box
4	Open text box
5	Open text box
6	Nothing
7	Prefer not to say

**ASK: ALL**

**[D4]** Think back to the last time you thought about discussing a symptom or health concern you had with a healthcare professional. We want to understand what made you delay or put you off going.

How much, if at all, did the following make you delay or put you off going?

Please select one answer for each statement.

*Randomise statement order*

1	I found it embarrassing talking about my symptoms
2	I worried about wasting the healthcare professional's time
3	I found it difficult to get an appointment with a particular healthcare professional
4	I thought it would be difficult to get an appointment
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 putting extra strain on the NHS / health services
13	I didn't want to be given a remote appointment. For example, a phone call or video call.
14	I could not afford the costs related to having an appointment. For example, transport, childcare, reduced pay/earnings.
15	I found it difficult to get an appointment
16	I thought the symptom was related to an existing illness, condition or life change. For example, getting older or menopause.
17	I thought my symptom was unlikely to be anything serious
18	I worried that I would find being at the appointment physically uncomfortable or difficult. For example, because of mobility problems, bowel issues, or other issues.
19	It would have been too difficult to go to the appointment. For example, because of mobility problems, bowel issues, or other issues.
20	I decided I could manage the symptom(s) myself
21	I worried about speaking to the healthcare professional. For example, because English is not my first language, or I have a disability or condition that makes it hard to talk.

Response options:

1	A lot
2	A little
3	Not much
4	Not at all
5	Don't know/not sure
6	Prefer not to say

**ASK: ALL**

**[D5]** Did anything else not listed in the previous question make you delay or put you off discussing a symptom or health concern you had with a healthcare professional?

Please type your answer below.

1	Open text box
2	Open text box



3	Open text box
4	Open text box
5	Open text box
6	Nothing
7	Prefer not to say

### Health Services Attitudes

#### ASK: ALL

[E1] How much do you agree or disagree with the following statements?

Please select one answer for each statement.

#### Randomise order shown

1	I don't think the health service (NHS) has enough staff or equipment to <b>see</b> all the people with cancer that need to be <b>diagnosed</b>
2	I don't think the health service (NHS) has enough staff or equipment to <b>treat</b> all the people with cancer that need to be <b>treated</b>

Response options:

1	Strongly agree
2	Tend to agree
3	Tend to disagree
4	Strongly disagree
5	Don't know/not sure
6	Prefer not to say

### Experience Accessing Healthcare from GP Surgery/Practice

#### ASK: ALL

[F1] In the last 12 months, have you tried to contact your GP surgery/practice about any symptoms or health concerns that you had?

Please select one answer.

1	Yes
2	No
3	I don't remember
4	Prefer not to say

#### ASK: IF SELECTED 1 AT F1

[F2] Were you able to make an appointment?

Please select one answer.

1	Yes
2	No
3	I don't remember

4	Prefer not to say
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**ASK: IF SELECTED 1, 2 AT F2**

**[F3]** How many times did you contact the GP surgery/practice to make an appointment?

Please select one answer.

1	Once
2	2-3 times
3	4-5 times
4	More than five times
5	I don't remember
6	Prefer not to say

**ASK: IF SELECTED 1 AT F2**

**[F4]** Which healthcare professional did you discuss your symptom or health concern with at your GP surgery/practice?

Please select one answer.

*Randomise order*

1	GP or doctor
2	Physician associate
3	Nurse or advanced nurse practitioner
4	General practice pharmacist
5	General practice paramedic
6	General practice physiotherapist
7	Healthcare assistant
8	General practice dietician
9	Someone else (please specify) (fixed)
10	Don't know/not sure (fixed)
11	Prefer not to say (fixed)

**ASK: IF SELECTED 2 at F2**

**[F5]** You said that you tried to contact your GP surgery/practice in the last 12 months but were unable to make an appointment. Which of the following BEST describes why you were unable to make an appointment?

Please select only one answer

*Randomise order*

1	I could not get through to my GP surgery/practice on the phone (for example, the line was busy, queue was too long, I was disconnected/cut-off, etc)
2	I requested a call back when I reached the front of the telephone queue but wasn't called back
3	I didn't get a response from the GP surgery/practice after completing the online request form
4	There were no appointments available

5	I could not get an appointment at a convenient day or time
6	Other (please specify) (fixed)
7	I don't remember (fixed)
8	Prefer not to say (fixed)

**ASK: IF SELECTED 2 AT F2**

**[F6]** You said that you tried to contact your GP surgery/practice in the last 12 months but were unable to make an appointment. Which of the following, if any, did you do next?

Please select all that apply.

*Randomise statement order*

1	I went to a community pharmacy (e.g. pharmacy on local high streets and in supermarkets)
2	I called NHS 111 (NHS24 in Scotland – use pipe text to show this to people in Scotland)
3	I went to A&E
4	I spoke to a family member or friend about my health concern
5	I looked for information about my health concern online
6	I went to a walk-in service (e.g. medical services available in GP practices, hospitals, walk-in centres without an appointment)
7	I looked for information using a phone app (e.g. NHS app)
8	I visited a mobile unit (i.e., a small medical van or trailer which can be moved to provide medical care or testing in different areas)
9	I went for private healthcare
10	I called 999
11	Nothing – I took no further action
12	Other (please specify) (fixed)
13	I don't remember (fixed)
14	Prefer not to say (fixed)

**Attitudes towards remote consultations**

**SHOW: ALL**

The following questions are about remote consultations with a healthcare professional. Remote consultations include consultations that happened over the phone, by video call or online messaging.

**ASK: ALL**

**[G1]** In the last 12 months, did you receive care from a healthcare professional remotely?

Please select all that apply.

*Randomise order*

1	Yes, by phone call (you could hear each other only)
2	Yes, by video call (you could hear and see each other)

3	Yes, using online messaging. (e.g. by online form, email, smartphone App, text/WhatsApp)
4	Yes, in another way (please specify) (fixed)
5	No (fixed)
6	I don't remember (fixed)
7	Prefer not to say (fixed)

**ASK: IF SELECTED ANY OF 1-4 AT G1**

**[G2]** You said that you have received care from a healthcare professional remotely in the last 12 months. How much do you agree or disagree with the following statements? If you have been to multiple remote appointments in the last 12 months, please think about the most recent one.

Please select one answer for each statement.

*Randomise statement order*

1	I felt comfortable discussing my health concern through a remote consultation
2	The remote consultation allowed my concerns to be adequately addressed
3	The remote consultation was not helpful because I needed to see the doctor in person anyway
4	The remote consultation made discussing my health concern with a healthcare professional <b>easier</b>
5	The remote consultation made discussing my health concern with a healthcare professional <b>quicker</b>
6	The remote consultation made me feel less at risk of catching an infection or other illness compared to a face-to-face appointment

Response options:

1	Strongly agree
2	Tend to agree
3	Tend to disagree
4	Strongly disagree
5	Don't know/not sure
6	Prefer not to say

**Help-Seeking for Potential Cancer Symptoms**

**SHOW: ALL**

The following questions are about your experience of health symptoms in the last 12 months.

**ASK: ALL**

**[H1]** Which of the following health symptoms, if any, have you experienced in the last 12 months?

Note: a “persistent” symptom is a symptom that doesn’t go away or keeps coming back

Please select all that apply.

*Randomise order*

1	Losing weight without trying to
2	An unexplained lump or swelling
3	A change in the appearance of a mole (e.g. change in size, shape or colour, becoming crusty, itchy, painful, bleeding or oozing)
4	A change in bowel habits (e.g. needing to poo more often or constipation, looser or firmer poos)
5	A change in bladder habits (e.g. needing to wee more often)
6	A <b><u>persistent</u></b> unexplained pain
7	A <b><u>persistent</u></b> difficulty swallowing
8	A <b><u>persistent</u></b> cough
9	Unexplained bleeding between periods, after sex or after the menopause
10	A sore that does not heal
11	<b><u>Persistent</u></b> hoarseness (e.g. voice sounding raspy, strained or breathy)
12	Coughing up blood
13	Feeling tired all the time for no clear reason
14	Breathlessness
15	An ulcer in the mouth that doesn’t heal
16	Red or white patches in your mouth
17	Not feeling as hungry as usual
18	Blood in poo or pee
19	None of the above (fixed)
20	Prefer not to say (fixed)

**SHOW/ASK: ALL WHO EXPERIENCED EACH SYMPTOM IN H1 – I.E. SELECTED 1/YES FOR 1-16 IN H1**

You said that you have experienced **\*\*INSERT SYMPTOM\*\*** in the last 12 months. We would now like to ask you a few more questions about this.

**[H2]** How concerned have you been that this symptom might be serious?

Please select one answer.

1	Not at all
2	A little bit
3	Moderately
4	Quite a bit
5	Extremely
6	Don’t know/not sure
7	Prefer not to say

**ASK: ALL WHO EXPERIENCED EACH SYMPTOM IN H1 – I.E. SELECTED 1/YES FOR 1-16 IN H1**

**[H3]** What do you think caused this symptom?

Please note, we want to know what **you** think caused the symptom, not what a healthcare professional said caused the symptom.

Please select all that apply.

*Randomise statement order*

1	A NEW physical health problem (for example, a new condition such as a new infection, heart problem or allergic reaction)
2	An EXISTING physical health problem that you already know you have (for example, a symptom of having diabetes or high blood pressure)
3	Medication or vaccination side effects (for example, a side effect of medication for high blood pressure or diabetes, or a side effect of vaccination)
4	Mental health problem (for example, depression, stress or anxiety)
5	External and lifestyle factors (for example, weather changes, lack of sleep, getting older, changes in diet and exercise)
6	Cancer (for example, possible symptom of cancer or cancer diagnosis)
7	Other (please specify)
8	Don't know/not sure
9	Prefer not to say

You said that you have experienced **\*\*INSERT SYMPTOM\*\*** in the last 12 months. We would now like to ask you a few more questions about this.

**ASK: ALL WHO EXPERIENCED EACH SYMPTOM IN H1 – I.E. SELECTED 1/YES FOR 1-16 IN H1.**

**[H4]** Which of the following, if any, did you do after noticing the symptom?

Please select all that apply.

*1 and 2 should be shown together, but randomised alongside the rest of the list*

1	I successfully contacted my GP surgery/practice to discuss the symptom
2	I tried to contact my GP surgery/practice, but was not able to discuss the symptom with anyone
3	I spoke to my community pharmacist about the symptom (e.g. pharmacy on a local high street or in a supermarket)
4	I called NHS 111 (NHS24 in Scotland – use pipe text to show this to people in Scotland) for advice about the symptom
5	I went to A&E about the symptom
6	I called 999
7	I went to a walk-in service about the symptom (e.g. medical services available in GP practices, hospitals, walk-in centres without an appointment)
8	I visited a mobile unit about the symptom (e.g. a small medical van or trailer which can be moved to provide medical care or testing in different areas)

9	I went for private healthcare about the symptom
10	I did not contact a healthcare professional about the symptom (fixed)
11	Other (please specify) (fixed)
12	I don't remember (fixed)
13	Prefer not to say (fixed)

**ASK: ALL WHO EXPERIENCED EACH SYMPTOM IN H1 – I.E. SELECTED 1/YES FOR 1-16 IN H1.**

**[H5]** How long after you first noticed the symptom did you contact your GP surgery/practice?

This includes if you called or tried to call the surgery/practice, or if you completed an online/e-consultation form to request an appointment.

Please select one answer.

1	Did not contact my GP surgery/practice
2	Up to 1 week
3	More than 1 week, but up to 2 weeks
4	More than 2 weeks, but up to 1 month
5	More than 1 month, but up to 6 months
6	More than 6 months, but up to 1 year
7	I don't remember
8	Prefer not to say

**ASK: IF SELECTED 2-6 AT H5**

**[H6]** How long after first contacting your GP surgery/practice did you then discuss the symptom with a healthcare professional?

This includes if a healthcare professional called to speak to you, even if you didn't make an official appointment. If you had an appointment, this includes whether this took place in person or remotely. A remote appointment may have been over the phone, by video call or online messaging.

Please select one answer.

1	On the same day
2	On the next day
3	Between 2 days, and up to 2 weeks later
4	More than 2 weeks, but up to 1 month later
5	More than 1 month later
6	I don't remember
7	Prefer not to say

## Re-presentation for Potential Cancer Symptoms

**SHOW: IF SELECTED 1-5 AT H6**

You said that you have experienced **\*\*INSERT SYMPTOM\*\*** in the last 12 months. You also said that you have discussed this symptom with a healthcare professional

at your GP surgery/practice. We would now like to ask you a few more questions about this.

**ASK: IF SELECTED 1-5 AT H6**

**[I1]** Did you continue to experience the symptom after you discussed it with a healthcare professional from your GP surgery/practice?

Please select one answer.

*Randomise order within 'no' and 'yes' groups and randomise the order in which the 'yes' and 'no' groups are shown.*

1	Yes, I continued to experience the symptom and it was the same as before
2	Yes, I continued to experience the symptom, but it got better
3	Yes, I continued to experience the symptom and it got worse
4	No, the symptom went away by itself
5	No, the symptom went away after taking medication (this could be medication given to you by a healthcare professional or medication you bought over-the-counter)
6	Other (Please specify) (fixed)
7	Prefer not to say (fixed)

**ASK: IF SELECTED 1-3 AT I1**

**[I2]** After how long did you contact your GP surgery/practice again about the symptom?

Please select one answer.

1	Did not contact my GP surgery/practice again
2	Up to 1 week later
3	More than 1 week, but up to 2 weeks later
4	More than 2 weeks, but up to 1 month later
5	More than 1 month, but up to 6 months later
6	More than 6 months, but up to 1 year later
7	I don't remember
8	Prefer not to say

**Enablers for Hospital Tests**

**SHOW: ALL**

The following questions are about going to hospital for tests.

**ASK: ALL**

**[J1]** Imagine that a healthcare professional asked you to go for a test at a hospital. We want to understand what would make you more likely to go for the test.

How much, if at all, would the following make you more likely to go for a test at a hospital?

Please select one answer for each statement.



*Randomise statement order*

1	If I could choose or change the day/time of the test
2	If I was given a specific day/time to go for the test
3	If I was given more notice of the appointment so I could make sure I was available to go
4	If it was easier to take time off work to go for the test
5	If it was easier to get to and from the hospital (e.g. accessible by public transport or free parking)
6	If I could choose for the test to be done by someone of a specific gender
7	If I could take someone with me
8	If I could get cover for my childcare or caring responsibilities
9	If I was given information about what the test involved
10	If I received reminders about my appointment so I don't forget (e.g. by text or email)
11	If I thought the test was important
12	If I could ask questions about the test and discuss my options with someone
13	If there were processes in place to reduce the spread of infections or illnesses
14	If I could ask for an interpreter to be there
15	If my family, friends, or community/faith leaders encouraged me to go
16	If I knew that my access needs would be accommodated (e.g. having accessible toilets)
17	If I could afford the costs related to having an appointment (e.g. transport, childcare, or reduced earnings)
18	If I knew how much privacy I would have and if I could cover up

Response options:

1	A lot
2	A little
3	Not much
4	Not at all
5	Don't know/not sure
6	Prefer not to say

**ASK: ALL**

**[J2]** Would anything else not listed in the previous question make you more likely to go for a test at a hospital?

Please type your answer below.

1	Open text box
2	Open text box
3	Open text box
4	Open text box
5	Open text box
6	Nothing
7	Prefer not to say

**ASK: All**

[S1] What is your sex?

A later question gives the option to tell us if your gender is different from your sex registered at birth, and, if different, to record your gender. We are asking this question because certain cancers, and some other health matters covered in this survey, are affected by your sex.

- <1> Male
- <2> Female
- <3> Prefer not to say

**ASK: All**

[S2] Is your gender the same as the sex you were registered at birth?

- <1> Yes
- <2> No [S2\_other] {open prompt="please write in gender"}
- <3> Prefer not to say

**Cervical Screening****SHOW: FEMALE (AT BIRTH) 25+**

The next questions are about cervical screening. Cervical screening is offered to all women and people with a cervix. It is also available to transgender men and non-binary people who have not had their womb and cervix removed. Cervical screening is offered to people aged 25 to 64 in the UK every 3-5 years.

During the appointment, a nurse uses a plastic instrument called a speculum to open the vagina to allow them to see the cervix. Using a soft brush, some samples of cells are taken from the surface of the cervix and are put into a pot of liquid and sent for testing.

**ASK: FEMALE (AT BIRTH) 25+**

[L1] When was the last time you had a cervical screening test?

Please select one answer.

1	Within the last 3 years
2	Within the last 3-5 years
3	More than 5 years ago
4	I have never been invited to have a test
5	I have been invited but have never had a test
6	I don't remember
7	Prefer not to say

**ASK: FEMALE (AT BIRTH) 25+**

[L2] Will you go for cervical screening next time you are invited?

Please select one answer.

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/Not sure
7	Prefer not to say

**ASK: IF SELECTED 1-3, 5, 6 AT QUESTION L1**

**[L3]** Think back to the last time you were invited for cervical screening. We want to understand what may have put you off going, whether you went or not in the end.

How much, if at all, did the following put you off going?

Please select one answer for each statement.

*Randomise statement order*

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. For example, because I would have to take my clothes off or too much skin would be showing
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 found it difficult to get an appointment
10	I have found cervical screening painful when I have been before
11	I could not afford the costs related to having an appointment. For example, transport, childcare, reduced pay/earnings
12	I worried that I would find being at the appointment physically uncomfortable or difficult. For example, because of mobility problems, bowel issues, or other issues
13	It was too difficult to go to the appointment. For example, because of mobility problems, bowel issues, or other issues
14	I worried about speaking to the healthcare professional. For example, because English is not my first language, or I have a disability or condition that makes it hard to talk
15	I was worried about what others would think of me if I had cervical screening
16	I would have had to take a family member, friend or carer with me
17	I didn't have enough information about the screening programme. For example, what the test would involve
18	I didn't trust the test or the results
19	I forgot to book an appointment, or forgot to go to an appointment that was booked

Response options:

1	A lot
2	A little

3	Not much
4	Not at all
5	Don't know/not sure
6	Prefer not to say

**ASK: IF SELECTED 1-3, 5, 6 AT QUESTION L1**

**[L4]** Did anything else not listed in the previous question put you off going to cervical screening the last time you were invited?

Please type your answer below.

1	Open text box
2	Open text box
3	Open text box
4	Open text box
5	Open text box
6	Nothing
7	Prefer not to say

**Bowel Screening**

**SHOW: 50+ IN ENGLAND, SCOTLAND AND WALES, 60+ IN NORTHERN IRELAND**

The next questions are about bowel cancer screening. A bowel cancer testing kit is sent to people who can take part every 2 years. The bowel cancer screening test is called the faecal immunochemical test (FIT). You do the test at home and send it to the hospital for testing. The FIT looks for tiny traces of blood in the sample of poo which can be a sign of bowel cancer.

**ASK: 50+ IN ENGLAND, SCOTLAND AND WALES, 60+ IN NORTHERN IRELAND**

**[M1]** When was the last time you completed a bowel cancer screening poo test kit?

Please select one answer.

1	Within the last 2 years
2	More than 2 years ago
3	I have never been sent a kit
4	I have been sent a kit but have never completed the kit
5	I don't remember
6	Prefer not to say

**ASK: 50+ IN ENGLAND, SCOTLAND AND WALES, 60+ IN NORTHERN IRELAND**

**[M2]** Will you complete the bowel cancer screening poo test kit next time you are sent one?

Please select one answer.

1	Yes, definitely
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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/Not sure
7	Prefer not to say

**ASK: IF SELECTED 1-2, 4, 5 AT QUESTION M1**

**[M3]** Think back to the last time you received a bowel cancer screening poo test kit. We want to understand what may have put you off doing the test, whether you did it or not it in the end.

How much, if at all, did the following put you off doing the test?

Please select one answer for each statement.

*Randomise statement order*

1	I had other more important things to worry about than bowel cancer screening
2	I didn't have any symptoms of bowel cancer
3	I was too busy to complete the poo test kit
4	I found it too difficult to complete the poo test kit
5	I was unsure how to do it or I worried I would do it wrong
6	I don't think that I am at risk of developing bowel cancer
7	I found it too messy to complete the poo test kit
8	I found it too embarrassing to complete the poo test kit
9	I was too frightened of what the poo test might find
10	I recently completed a poo test kit for potential bowel cancer symptoms, so I didn't think I would need to do one again so soon
11	I was worried about what others would think of me if I did the poo test kit
12	I didn't have enough information about the screening programme
13	I didn't trust the test or the results
14	I forgot to do the test kit

Response options:

1	A lot
2	A little
3	Not much
4	Not at all
5	Don't know/not sure
6	Prefer not to say

**ASK: IF SELECTED 1-2, 4, 5 AT QUESTION M1**

**[M4]** Did anything else not listed in the previous question put you off completing the bowel cancer screening poo test kit the last time you were sent one?

Please type your answer below.

1	Open text box
2	Open text box

3	Open text box
4	Open text box
5	Open text box
6	Nothing
7	Prefer not to say

## Breast screening

### ASK: MALE (AT BIRTH) 50+ WHO IDENTIFY AS TRANS OR NON-BINARY

Some trans women and non-binary people assigned male at birth are eligible for breast cancer screening if they've taken feminising hormones.

**[N1]** Do you think you could be eligible for breast cancer screening?

Please select one answer.

1	Yes
2	No
3	Don't know/not sure
4	Prefer not to say

### SHOW: FEMALE (AT BIRTH) 50+ OR IF SELECTED 1/YES AT N1

The next questions are about breast cancer screening. Breast screening is offered to women, and some trans and non-binary people. It is offered to people aged between 50 and 70 in the UK every 3 years. Breast screening involves taking an x-ray of your breast called a mammogram.

### ASK: FEMALE (AT BIRTH) 50+ OR IF SELECTED 1/YES AT N1

**[N2]** When was the last time you had a breast cancer screening test?

Please select one answer.

1	Within the last 3 years
2	More than 3 years ago
3	I have never been invited to have a test
4	I have been invited but have never had a test
5	I don't remember
6	Prefer not to say

### ASK: FEMALE (AT BIRTH) 50+ OR IF SELECTED 1/YES AT N1

**[N3]** Will you go for breast cancer screening next time you are invited?

Please select one answer.

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/Not sure
7	Prefer not to say

**ASK: IF SELECTED 1-2, 4, 5 AT QUESTION N2**

**[N4]** Think back to the last time you were invited for breast screening. We want to understand what may have put you off going, whether you went or not in the end.

How much, if at all, did the following put you off going?

Please select one answer for each statement.

*Randomise statement order*

1	I was worried that breast screening might be painful
2	I didn't have any symptoms of breast cancer
3	I had other more important things to worry about than breast screening
4	I don't think that I am at risk of breast cancer
5	I was too embarrassed to go for breast screening. For example, because I would have to take my clothes off or too much skin would be showing
6	I was too frightened of what the test might find
7	I decided that the harms of taking part outweigh the benefits
8	The appointment was too far away from my home
9	I found it difficult to get an appointment at a convenient time
10	I had to phone up and arrange the appointment myself
11	I have found breast cancer screening painful when I have been before
12	I didn't want a man to carry out the screening test
13	I could not afford the costs related to having an appointment. For example, transport, childcare, reduced pay/earnings
14	I worried that I would find being at the appointment physically uncomfortable or difficult. For example, because of mobility problems, bowel issues, or other issues
15	It was too difficult to go to the appointment. For example, because of mobility problems, bowel issues, or other issues
16	I worried about speaking to the healthcare professional. For example, because English is not my first language, or I have a disability or condition that makes it hard to talk
17	I would have had to take a family member, friend or carer with me
18	I was worried about what others would think of me if I had breast screening
19	I didn't have enough information about the screening programme. For example, what the test would involve
20	I didn't trust the test or the results
21	I forgot to book an appointment, or forgot to attend an appointment that was booked

Response options:

1	A lot
2	A little
3	Not much
4	Not at all
5	Don't know/not sure

6	Prefer not to say
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**ASK: IF SELECTED 1-2, 4, 5 AT QUESTION N2**

**[N5]** Did anything else not listed in the previous question put you off going to breast cancer screening the last time you were invited?

Please type your answer below.

1	Open text box
2	Open text box
3	Open text box
4	Open text box
5	Open text box
6	Nothing
7	Prefer not to say

**SHOW: IF SHOWN ANY QUESTIONS IN SECTION L, M OR N**

Please note: Screening is for people who don't have symptoms. If you have symptoms, please speak to your GP.

**Closeness to Cancer**

**ASK: ALL**

**[O1]** Have you, anyone in your family or any of your friends had cancer?

Please select all that apply.

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
10	Prefer not to say

**SHOW: ALL**

Thank you for taking part in this survey that was conducted by YouGov on behalf of Cancer Research UK.

If you would like more information about cancer, you can visit:

Cancer Research UK's website [here](#). If you would like to speak to a nurse, you can call the freephone Cancer Research UK nurse helpline on 0808 800 4040.

Macmillan's website: [here](#)

The NHS website: [here](#)