

What is your name? _____

What is your age?

What area of the country are you from? _____

What is your marital status?

Single

Married

Cohabiting/living
with a partner

Divorced/Separated

Widowed

Is English your first language?

Yes

No

Please tick the box which best describes your living arrangement

Rent from local authority

Rent from private
landlord

Own home/buying with
mortgage

Other

Does your house have a car or a van?

No

Yes

Yes more than 1

Are you currently:

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

What is the highest level of educational or professional qualification you have obtained?

- | | |
|---|---|
| <input type="checkbox"/> GCSE/O-Level/CSE | <input type="checkbox"/> Degree level education |
| <input type="checkbox"/> Vocational Qualifications (NVQ1+2) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> A-Level or highers | <input type="checkbox"/> No formal qualifications |
| <input type="checkbox"/> Higher educational qualifications (below degree level) | <input type="checkbox"/> Still studying |

Which of these best describes your ethnic background?

- | | |
|---|--|
| <input type="checkbox"/> Asian or Asian British | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Black or Black British (African) | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black or Black British (Caribbean) | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Mixed | <input type="checkbox"/> Any other ethnic groups |

In general, how easy or hard do you find it to understand medical statistics?				
Very easy <input type="checkbox"/>	Easy <input type="checkbox"/>	Hard <input type="checkbox"/>	Very Hard <input type="checkbox"/>	
In general, would you say your health is...				
Poor <input type="checkbox"/>	Fair <input type="checkbox"/>	Good <input type="checkbox"/>	Very Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
Have you ever attended any of the following?				
Breast cancer screening <input type="checkbox"/>	Cervical cancer screening <input type="checkbox"/>	Prostate Cancer testing (PSA – Men only) <input type="checkbox"/>		
Have you ever been diagnosed as having cancer?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, name) _____		
Have any of your friends or family members been diagnosed as having cancer?				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If yes, name of cancer) _____		Relationship with you
Have you been diagnosed with any chronic condition?				

Yes	No	(If yes, name)			
<input type="checkbox"/>	<input type="checkbox"/>	_____			
Have you been diagnosed with any bowel conditions?					
Yes	No	(If yes, name)			
<input type="checkbox"/>	<input type="checkbox"/>	_____			
During the past 12 months, not counting times you went to accident and emergency, how many times did you go to a doctor, nurse or other health professional to get care for yourself?					
None	1 time	2 times	3 times	4 times	5-9 times
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever looked for information about cancer from any source?					
Yes	No	(If yes, where)			
<input type="checkbox"/>	<input type="checkbox"/>	_____			
How much attention do you pay to information about health or medical topics on tv, radio, magazines or newspapers?					
A lot	Some	A little	Not at all		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		