



**Baseline Survey of Northern Ireland
Public Awareness of Cancer Signs and Symptoms**

9 October 2014

FINAL



Executive Summary

In May 2014, the Public Health Agency (the PHA) commissioned Social Market Research (www.socialmarketresearch.co.uk) to undertake a baseline survey on public awareness of the signs and symptoms of cancer. The survey is based on face-to-face interviews with a representative sample of 1000 adults plus an additional booster sample (n=410) of men and women aged 50+.

Unprompted Awareness of Cancer Symptoms

- Unprompted 38% of respondents said a change in the appearance of a mole is a warning sign of cancer, with 33% mentioning a lump or swelling, 27% mentioned being generally unwell and 20% mentioned pain;

Prompted Awareness of Cancer Symptoms

- 86% of women, when prompted, cited breast changes as a warning sign of cancer, with 86% of all respondents saying an unexplained lump or swelling is a sign or symptom of cancer. Other symptoms most commonly mentioned, when prompted, included: a change in the appearance of a mole (80%); persistent unexplained pain (78%); a persistent change in bowel or bladder habits (77%); a persistent cough or hoarseness (73%); unexplained bleeding (71%); unexplained weight loss (67%); persistent abdominal bloating (65%); persistent difficulty swallowing (65%); unexplained tiredness (60%); a sore that doesn't heal (58%); and, unexplained night sweats (45%).

Seeking Help for Symptoms that may be a Sign of Cancer

- 44% of all respondents said they would contact a doctor immediately if they had unexplained bleeding, with 42% of women saying they would contact a doctor immediately if they noticed breast changes;
- Relatively fewer respondents said they would contact a doctor immediately if they had unexplained night sweats (19%), unexplained tiredness (19%) or unexplained weight loss (21%);

Ovarian Cancer

- 61% of women said that persistent pain in the pelvis is a sign of ovarian cancer, with 58% saying that increased abdominal size is a sign of ovarian cancer;
- Relatively fewer women said that passing more urine than usual is a sign of ovarian cancer, with 46% saying that being persistently full is a sign of ovarian cancer;
- 55% of women said they would contact their doctor immediately if they had a symptom which they thought might be a sign of ovarian cancer, with 24% saying they would do so within a week and 18% taking longer than a week;
- 76% of women said they would be 'not at all confident' (33%) or 'not very confident' (43%) that they would notice a sign of ovarian cancer;

Barriers to Seeking Help

- 49% of respondents said that if they had a symptom which they thought might be serious they would be put off from going to a doctor because they would be worried about what the doctor might find;
- Other common barriers to help seeking included: being scared (43%); embarrassment (42%); difficulty making an appointment (42%); and, having too many things to worry about (35%);

Unprompted Awareness of Cancer Risk Factors

- 80% of respondents spontaneously mentioned smoking when asked to list risk factors associated with developing cancer, with 35% citing alcohol and 25% exposure to sun;

Prompted Awareness of Cancer Risk Factors

- 92% of respondents, when prompted, agreed that smoking is a risk factor associated with developing cancer, with 87% agreeing that exposure to another person's cigarette smoke is a risk factor. Other risk factors included: exposure to radiation (85%); having a close relative who has had cancer (85%); and, using a sun bed (78%);

Knowledge of Most Common Cancers and Cancer Prevalence in N Ireland

- Respondents in the survey correctly identified the most common cancers in men in Northern Ireland as: prostate; bowel / colorectal / rectal; and, lung cancer;
- Respondents identified the three most common cancers in women in Northern Ireland as breast, cervical / cervix, and, bowel / colorectal / rectal cancer (the actual profile in rank order is: breast; bowel / colorectal / rectal; and, lung cancer);
- 6% of respondents correctly said that someone in their 80s has a greater chance of developing cancer compared with those in younger age groups;
- 6% of respondents were aware that around 35 out of 100 people will develop cancer at some point in their lifetime;

Breast Cancer Screening in Northern Ireland

- 77% of respondents were aware of the NI Breast Cancer Screening Programme;
- 42% of those aware of the NI Breast Cancer Screening Programme correctly quoted ages between 49 and 52 when women are first invited for breast cancer screening;
- 68% of women aged 49+ reported having had a breast cancer screening test or mammogram in the past 5 years;
- 89% of women agreed that breast cancer screening could reduce their chances of dying from breast cancer;

- 33% of women in the survey agreed that they would be so worried about what might be found at breast cancer screening that they would prefer not to have it;
- 21% of women agreed that breast cancer screening is only necessary if they have symptoms;

Cervical Cancer Screening in Northern Ireland

- 66% of respondents were aware of the NI Cervical Cancer Screening Programme;
- Of those aware of the NI Cervical Cancer Screening Programme, 26 was the average age quoted when asked what age women are first invited for screening (women are aged 25+ when they are first invited for screening);
- 60% of women in the survey aged 25+ said they have had a cervical cancer screening test in the past 5 years;
- 89% of women agreed that cervical cancer screening could reduce their chances of dying from cervical cancer;
- 33% of women in the survey agreed that they would be so worried about what might be found at cervical cancer screening that they would prefer not to have it;
- 19% agreed that cervical cancer screening is only necessary if they have symptoms;

Bowel Cancer Screening in Northern Ireland

- 60% of respondents were aware of the NI Bowel Cancer Screening Programme;
- Of those aware of the NI Bowel Cancer Screening Programme, 56 was the average age quoted when asked what age men and women are first invited for screening (men and women are aged 60 when first invited for screening);
- 53% of men and women aged 60+ reported having had a bowel cancer screening test in the past 4 years;
- 86% of respondents aged 60+ agreed that bowel cancer screening could reduce their chances of dying from bowel cancer;
- 33% of respondents in the survey agreed that they would be so worried about what might be found at bowel cancer screening that they would prefer not to have it;
- 22% agreed that bowel cancer screening is only necessary if they have symptoms.

Beliefs and Knowledge

- 92% agreed that '...going to the doctor as quickly as possible after noticing a symptom of cancer could increase the chances of surviving';
- 73% agreed that '...these days many people with cancer can expect to continue with normal activities and responsibilities';

- 69% agreed that '...cancer can often be cured'; and,
- 25% agreed with the statement '...I would not want to know if I have cancer';

Awareness of Cancer Survival Rates

- 22% of respondents were correctly aware that 5 out of every 10 people diagnosed with bowel cancer in Northern Ireland will be alive in 5 years time;
- 11% of respondents were correctly aware that 3 out of every 10 women diagnosed with ovarian cancer in Northern Ireland will be alive in 5 years time;
- 11% of respondents were correctly aware that 8 out of every 10 men diagnosed with prostate cancer in Northern Ireland will be alive in 5 years time;
- 10% of respondents were correctly aware that 8 out of every 10 people diagnosed with breast cancer in Northern Ireland will be alive in 5 years time;
- 8% of respondents were correctly aware that 1 out of every 10 people diagnosed with lung cancer in Northern Ireland will be alive in 5 years time;

Recall of Advertising on Cancer

- 47% of respondents had recently seen or heard advertising about cancer;
- 73% of those who could recall advertising on cancer identified TV as the source of their awareness, with 22% citing posters and 14% radio;
- 45% of those who could recall poster advertising on cancer had seen posters in GP surgeries, with 34% mentioning pharmacies and 22% hospitals;
- 40% of those who could recall poster advertising on cancer said that the poster related to lung cancer, with 30% citing bowel / colorectal / rectal cancer and 23% breast cancer;

Focus for new Public Health Information Campaign on Cancer

- 21% of respondents said that any new public health information campaign on cancer should focus on bowel / colorectal / rectal cancer, with 17% saying the focus should be on breast cancer, 15% lung cancer and 11% cervical cancer;

Preference for Receiving Health Information

- 58% prefer to receive health information via TV, with 10% expressing a preference for radio, 9% leaflets and 8% newspapers.

Cluster Analysis

- A three cluster solution was applied with cluster 1 accounting for 44% of the sample, cluster 2, 38% of the sample and cluster 3 18% of the sample;
- **Cluster 1** is characterised by respondents with a higher level of awareness of the signs and symptoms of cancer, with these respondents likely to present sooner to their doctor if they suspect symptoms which might be serious. This group is less

likely to perceive barriers to contacting their doctor if they had serious symptoms, and are more likely to be aware of the risk factors which can increase a person's chance of developing cancer. Awareness of the most common cancer in men and women in Northern Ireland is higher in this group, with awareness of cancer screening programmes also higher. This group is more likely to hold positive beliefs about cancer including better outcomes for those with cancer. Exposure to recent advertising on cancer is higher among this group, with TV the preference for receiving health information. A greater proportion of this group is female, aged 30-49, live in areas of with relatively high levels of deprivation, have been exposed to cancer, be non smokers, and be more likely to describe their health status as either excellent or good;

- **Cluster 2** is characterised by those with a relatively lower level of awareness of the signs and symptoms of cancer. This group will take relatively longer than cluster 1 to contact a doctor if they had a range of serious symptoms, with this group more likely to perceive barriers to going to a doctor if they had a serious symptom. Regarding cancer risk factors, this group is generally unsure about the vast majority of risk factors that experts believe can increase a person's chances of developing cancer. Although this group is more likely to know that breast cancer is the most common cancer in women in Northern Ireland, knowledge of the relationship between age and cancer prevalence is limited, with this group also having lower awareness of the various cancer screening programmes in Northern Ireland. In relation to beliefs about cancer, again this group was more likely to answer 'don't know' for many of the items, with this group also less likely to be aware of the survival rates for different cancers. A greater proportion of this group is male, aged under 50, have formal qualifications other than degree level or equivalent, live in the Belfast Trust area, not have been exposed to cancer and be in excellent or good health;
- **Cluster 3** is characterised by respondents with a relatively low level of awareness of the different signs and symptoms of cancer. Compared with the other clusters, there is a greater reluctance amongst this group to contact a doctor if they had a serious symptom. This group is more likely to perceive a range of barriers to contacting a doctor if they had a serious symptom. In relation to cancer risk factors, this group is likely to disagree with the view of experts on many of the items. Although this group is more likely to know of the association between developing cancer and age, they are less likely to be aware of the most common cancers in men and women in Northern Ireland, as well as being less likely to be aware of the different cancer screening programmes. This group is more likely to have a pessimistic view in relation to beliefs and outcomes around cancer, and less likely to recall advertising on cancer in the recent past. This group is more likely to have respondents from social classes C2DE, live in areas with average levels of deprivation, not have been exposed to cancer, smoke, and be less likely to describe their health status as either good or excellent.

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1. Introduction

1.1 Research Rationale

In May 2014, the Public Health Agency commissioned Social Market Research (SMR) to undertake a survey on public awareness of cancer signs and symptoms. Later in 2014 it is anticipated that the PHA will develop and implement a public health information campaign on the signs and symptoms of cancer. This current survey will act as a baseline to help evaluate the impact of the campaign on public awareness of cancer signs and symptoms.

1.2 Cancer Incidence, Mortality and Survival Rates

The Invitation to Tender (ITT) sets out a comprehensive and succinct overview of both the incidence, mortality and survival rates associated with different types of cancers in Northern Ireland, and the key points from this review are summarised below:

Cancer Incidence (source: Northern Ireland Cancer Registry¹)

- In 2012, 9034 people were diagnosed with cancer in Northern Ireland (this excludes 3738 cases of the common but not generally serious non-melanoma skin cancer or NMSC).
- The most commonly diagnosed cancer in men was prostate cancer (1024), followed by colorectal cancer (727) and lung cancer (634).
- For women, the most commonly diagnosed cancer was breast cancer (1302), followed by colorectal cancer (546) and lung cancer (509).
- Men are 14% more likely than women to get cancer and 37% more likely to die from it², with lifestyle believed to be an important factor in explaining this variation;
- Age is the most common risk factor for developing cancer;
- Within Northern Ireland there is variation in cancer incidence rates across Trusts and deprivation quintiles;

Cancer Incidence (source: Health Survey Northern Ireland³)

- A small proportion of respondents (4%) reported having been told by a doctor that they had cancer, with likelihood of a diagnosis of cancer increasing with age up to a high of 10% of those aged 65-74;
- Half (50%) of females who had cancer reported having breast cancer, 13% had womb/ovarian/cervical cancer, 11% had skin cancer (melanoma), 8% had colorectal cancer;

¹ Northern Ireland cancer statistics available from the Northern Ireland Cancer Registry <http://www.qub.ac.uk/research-centres/nicr/CancerData/OnlineStatistics/>

² Cancer Research UK (2013)

³ Health Survey Northern Ireland 2012/13 report can be found here http://www.dhsspsni.gov.uk/index/stats_research/stats-public-health.htm

- The most commonly reported male cancer was prostate cancer (24%), followed by skin and colorectal cancer (both 13%), testicular cancer and cancer of the mouth/neck/throat (both 12%)

Cancer Mortality (source: Northern Ireland Cancer Registry⁴)

- Cancer accounted for 4134 deaths in Northern Ireland in 2012 (28% of all deaths), which is the largest number of annual cancer deaths ever registered in Northern Ireland.
- Cancer now accounts for the largest number of deaths attributable to a single group of causes.
- Lung cancer was the most common cause of cancer death in men (527), followed by prostate cancer (262) and colorectal cancer (229). Lung cancer also caused the largest number of female cancer deaths (403), followed by breast cancer (284) and colorectal cancer (187).
- An analysis of the age standardised mortality rates for cancer by sex and UK country 2008-2010 (ONS Statistical Bulletin) shows that mortality rates for men (212.0) and women (150.1) in Northern Ireland were higher than the overall UK rates (204.4 and 148.5 respectively).
- Northern Ireland had the second highest cancer rate (212.0) for men (after Scotland, 235.1) and the third highest (150.1) for women (after Scotland, 171.8; and, Wales, 152.1). All four UK countries had higher rates for men than women.
- Within Northern Ireland there is variation in cancer death rates across Trusts, and by deprivation quintiles.

Cancer Survival

- Regarding all cancers in Northern Ireland there is an increasing trend in one year and five year survival rates for both men and women between 1993 and 2011⁵.
- Based on data from the International Cancer Benchmarking Partnership (ICBP) Cancer survival rates have improved between 1995 and 2007, but survival remained lowest in England, Denmark, Northern Ireland and Wales. Australia, Canada and Sweden showed consistently higher survival while Norway had intermediate levels.
- These differences were greatest in the first year after diagnosis and for patients aged 65 and over. The data also showed that, of the 3 UK countries included in the study, Northern Ireland showed the best survival rates in all 4 cancer sites.
- EUROCARE (EUROCARE 5), the widest collaborative research project on cancer survival in Europe, shows that adults in the UK and Ireland continue to have shorter survival than the European average for many common cancers, particularly colon (52% vs. 57%), ovary (31% vs. 38%), and kidney (48% vs. 61%), but have about average survival rates for rectum, breast, prostate, melanoma of the skin, and

⁴ Northern Ireland cancer statistics available from the Northern Ireland Cancer Registry

<http://www.qub.ac.uk/research-centres/nicr/CancerData/OnlineStatistics/>

⁵ Northern Ireland cancer statistics available from the Northern Ireland Cancer Registry

<http://www.qub.ac.uk/research-centres/nicr/CancerData/OnlineStatistics/>

lymphomas. Nordic countries (with the exception of Denmark), central European countries such as Austria, Belgium, France, Germany, Switzerland, and Netherlands, and some countries in southern Europe, particularly Italy, Portugal, and Spain, have the best survival for most cancers.

1.3 Public Awareness of Cancer Symptoms and Barriers to Seeking Medical Advice

The Terms of Reference also quoted research on attitudes and beliefs undertaken as part of the ICBP programme. The key findings from this work include:

- People in the UK were just as aware of the key symptoms of cancer as people in the other countries involved in the ICBP.
- On average people in each country in the study recognised 8 out of 11 of the most common cancer symptoms.
- In Northern Ireland awareness of the main symptoms of cancer in the general population was very good (e.g. 61% for unexplained tiredness and 96% for lump). Awareness in Northern Ireland was higher in women, in higher socioeconomic groups and in younger people.
- Substantially more people in the UK than in other countries said that there were specific reasons why they would not go to their doctor, even if they had a symptom they thought was serious.
- More than 3 out of 10 people in the UK (compared with fewer than 1 in 10 in Sweden) said this would stop them making an appointment. People also said that they would be 'embarrassed', 'worried over what the doctor may find' or 'too busy', and that this may stop them going to their doctor.
- 14% of people in the UK knew that people over 70 were at a greater risk of developing cancer.
- In Northern Ireland, identified barriers to seeking help included difficulty seeing a doctor (18%), embarrassment (21%), concern about wasting the doctors time (35%) and being too busy (21%). Almost one in three (32%) said they would worry about what a doctor might find and 19% of people said they would not want to know if they had cancer.
- Over half of the people surveyed in Northern Ireland felt that cancer treatment was worse than the disease itself, while one third believed that cancer is a death sentence.
- 85% of those surveyed in Northern Ireland believed that cancer patients can continue with daily activities, while 87% of people believed that cancer can often be cured. In general, knowledge of survival rates of cancer was poor.
- The ICBP programme has also led to the development of the ABC measure (Awareness and Beliefs about Cancer) as a way of measuring the public's awareness about cancer.

Cancer Research UK, University College London, King's College London and University of Oxford have developed The Cancer Awareness Measure (CAM) which is a validated set of questions designed to reliably assess cancer awareness. The CAM was used to

benchmark levels of awareness in English national surveys in 2008, 2010 and 2012. It has also been used to establish cancer awareness levels at local and regional levels in England.

1.4 Research Requirement

In the near future, the Public Health Agency will develop a public information campaign on cancer signs and symptoms. To be able to assess the impact of this campaign, the PHA commissioned this baseline research prior to the roll out of the campaign.

1.4.1 Research Aim and Objectives

The overall research aim was to:

'...assess current levels of public awareness'.

Within this overall aim, the study assessed:

- awareness of cancer signs and symptoms;
- help seeking behaviour;
- barriers to seeking help;
- awareness of cancer risk factors and most common cancers;
- attitudes to cancer; and,
- awareness of cancer screening programmes.

1.5 Survey Methodology

The survey is based on face-to-face in-home interviews with a sample of 1410 adults aged 16+. Interviews were conducted with a nationally representative sample of 1000 adults (aged 16+) with an additional booster sample (n=410) of men and women aged 50+.

1.5.1 Sampling

Given the importance of the survey, and the contribution of the survey results to shaping public policy on promoting cancer awareness, it was essential that the sampling methodology produced survey results representative of all adults (aged 16+ years) living in Northern Ireland. To this end, quota sampling was used with tightly controlled quotas applied for age, gender, social class, and area of residence⁶. Table 1.1 presents the sample profiles compared with known population parameters and shows that sample estimates are within the margin of error for the survey (+/-2.6%).

		Census (%)	Sample (%) [Weighted] ⁷	95% Confidence Interval (+/-)
Sex	Male	48	49	46.4-51.6
	Female	52	51	48.4-53.6
	Other ⁸	* ⁹	0.2	0.2-0.2
Age ¹⁰	16-29	24	22	20.9-23.1
	30-49	35	35	33.2-36.8
	50-64	23	22	20.9-23.1
	65+	19	19	18.0-20.0
Social Class	ABC1	47	48	45.4-50.6
	C2DE	53	52	49.4-54.6
Commissioning Group	Belfast	20	18	16.0-20.0
	Northern	26	27	24.7-29.3
	South Eastern	19	18	16.0-20.0
	Southern	19	21	18.9-23.1
	Western	16	16	14.1-17.9
Source: Northern Ireland Census of Population (2011 Estimates)				

1.5.2 Stratification by Area

Fieldwork for both surveys was conducted in 72 sampling points across Northern Ireland. Table 1.2 presents an overview of the sample by area or Local Government District (LGD) and shows the number of achieved interviews within each LGD (Note that Local Government Districts are coterminous with local commissioning group areas and can act as a proxy for geographical area [north, south, east and west]):

⁶ Local Government Districts

⁷ Note that the sample has been weighted by age and sex to correct for the over sampling of men and women aged 50+

⁸ Includes: Transgender (n=2) and refused (n=1).

⁹ No census comparator

Local Gov District (LGD)	Population %	Sample %	Achieved interviews
Antrim	2.8	3.1	43
Ards	4.6	4.5	64
Armagh	3.3	5.0	71
Ballymena	3.7	3.6	50
Ballymoney	1.6	2.0	28
Banbridge	2.5	2.7	38
Belfast	15.8	14.6	206
Carrickfergus	2.3	2.2	31
Castlereagh	4.1	3.8	53
Coleraine	3.3	3.3	46
Cookstown	1.9	2.6	37
Craigavon	4.8	4.3	60
Derry	6.0	5.8	82
Down	3.8	3.3	47
Dungannon	2.9	1.9	26
Fermanagh	3.5	3.5	49
Larne	1.9	1.7	24
Limavady	1.8	1.8	25
Lisburn	6.3	5.6	79
Magherafelt	2.4	3.0	42
Newry & Mourne	5.1	1.0	15
Newtownabbey	4.9	7.1	101
North Down	4.7	4.4	62
Omagh	2.8	4.4	62
Strabane	2.3	2.8	40
TOTAL	100	100	1410

1.5.3 Questionnaire

The questionnaire was developed collaboratively between SMR and the Public Health Agency and is included as an Appendix to this report.

1.5.4 Data Collection

The survey was conducted using Computer Assisted Personal Interviewing (CAPI) between 9 June and 11 July 2014. A pilot survey, based on 10 respondents, was completed prior to the main survey. All interviews were conducted on a face-to-face basis with interviewers briefed before the commencement of fieldwork. No significant problems were identified during piloting.

1.5.5 Notes on Tables

Due to rounding row and column totals within tables may not always sum to 100. Note that base totals may also change in tables depending on question routing. It should be noted that dash marks [-] are used in some tables to indicate that the figure is less than 1%.

Throughout the results section of this report, the following symbols have been used to denote statistical significance: * statistically significant at the 95% confidence interval; ** statistically significant at the 99% confidence interval; and, *** statistically significant at the 99.9% confidence level. Where asterisks are not used it should be assumed that no significant differences were observed.

Responses to a question on educational attainment level have been recoded to facilitate analysis: low [no formal qualifications]; medium [GCE A' Level (including NVQ Level 3: BTEC (National), BEC (National), TEC (National), ONC, OND: GCSE (including NVQ Level 2), GCE O'Level (including CSE Grade 1), Senior Certificate, BTEC (General), BEC (General); CSE (Other than Grade 1); other qualifications]; and, high [Degree Level or higher: BTEC (Higher), BEC (Higher), TEC (Higher), HNC,HND].

A 'deprivation' variable was constructed using NISRA's Northern Ireland Multiple Deprivation Measure¹¹ (NIMDM) which provides an indication of spatial deprivation in Northern Ireland. The NIMDM is based on a composite of seven domains (income, employment, health, education, proximity to services, living environment and crime). Areas (Super Output Areas or SOAs) are categorised by quintile of deprivation with 1 equating to the lowest level of deprivation and 5 the highest level of deprivation. To facilitate analysis in this survey, a new variable has been constructed merging quintiles 1 and 2 into a single category (relatively high levels of deprivation), quintile 3 (medium level of deprivation) and categories 4 and 5 (relatively low levels of deprivation).

¹¹ http://www.nisra.gov.uk/deprivation/archive/Updateof2005Measures/NIMDM_2010_Report.pdf

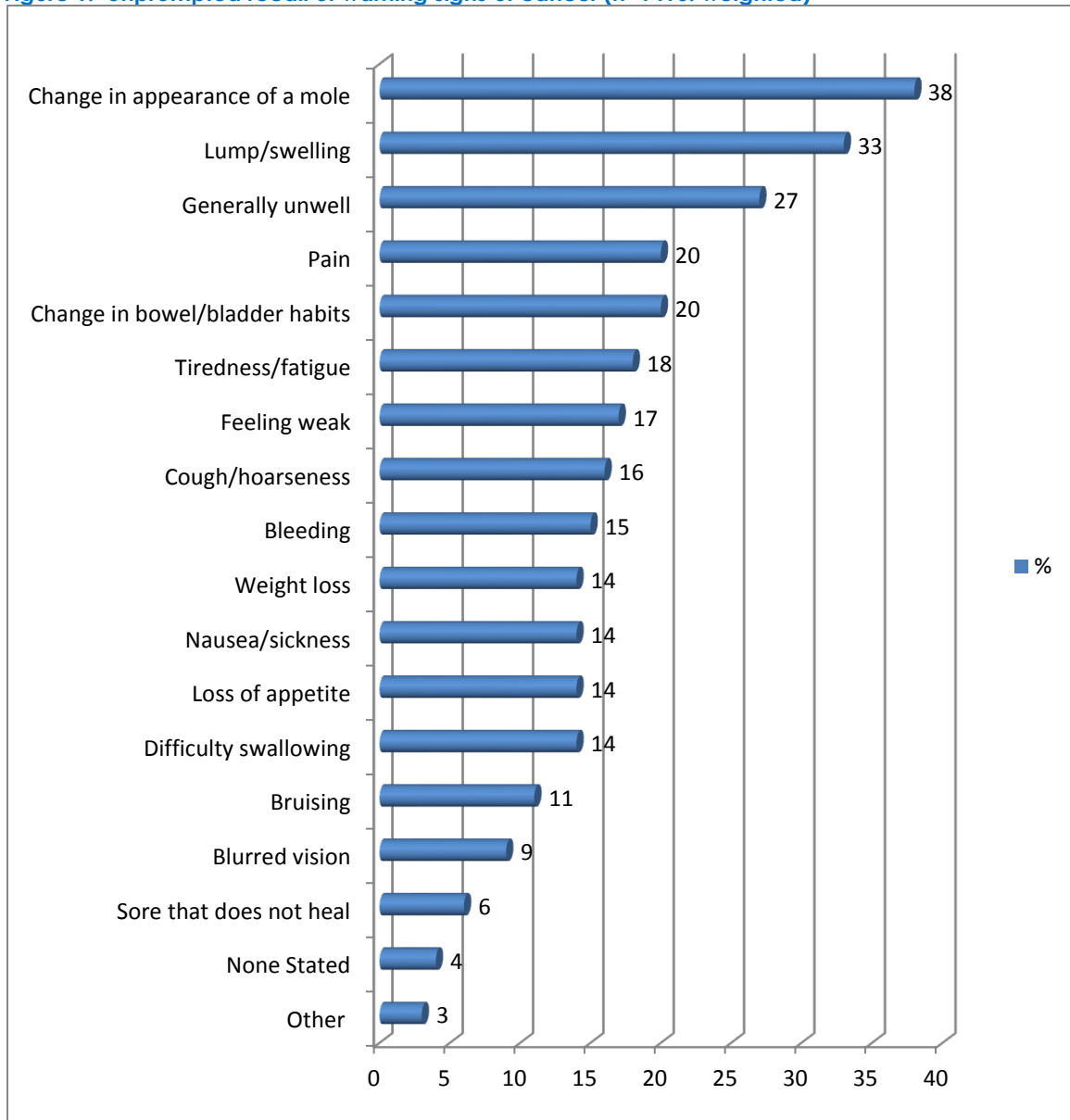
2. Survey Findings

2.1 Unprompted Awareness of the Signs and Symptoms of Cancer

All respondents were asked to say *unprompted* what they believe to be warning signs and symptoms of cancer.

The warning signs of cancer most commonly mentioned included¹²: a change in the appearance of a mole (38%); a lump / swelling (33%); and, being generally unwell (27%).

Figure 1: Unprompted recall of warning signs of cancer (n=1410: weighted)



¹² Note that 3% of respondents mentioned other warning signs and these included: over active thyroid (n=1); back pain (n=1); bowel cancer (n=1); bowel movements altered and blood counts being irregular and extreme fatigue (n=1); bowels (n=1); breathlessness (n=3); bruising (n=1); difficulty breathing (n=1); difficulty swallowing (n=2); dimples (n=1); funny colour (n=1); hair loss (n=6); low blood (n=1); lung pain (n=1); memory loss (n=1); mole change (n=1); moles (n=1); nausea (n=1); passing blood in urine (n=1); pressure in head (n=1); rash and sweating (n=1); skin cancer (n=1); skin colour (n=1); smell it (n=1); tumours (n=1); weight gain (n=1); and, yellow skin (n=1).

2.1.1 Comparisons with other Surveys: Unprompted Awareness

Comparing the results with other surveys (ONS 2008 and 2010) shows that respondents in the current survey were more likely to recall the following symptoms: a change in the appearance of a mole; difficulty swallowing; and, a sore that doesn't heal.

Conversely, respondents in both ONS surveys were more likely to recall the following signs / symptoms: bleeding; a cough or hoarseness; a lump / swelling; pain; and, weight loss.

In comparison with the Ethnibus survey, respondents in the current survey were more likely to recall the following signs / symptoms of cancer: a change in the appearance of a mole; difficulty swallowing; a change in bowel or bladder habits; a cough / hoarseness; and, a sore that doesn't heal. Respondents in the Ethnibus survey were more likely to recall the following signs / symptoms: a lump / swelling; and, weight loss.

Table 2.1: Unprompted awareness of signs and symptoms of cancer(Base=1382: weighted)

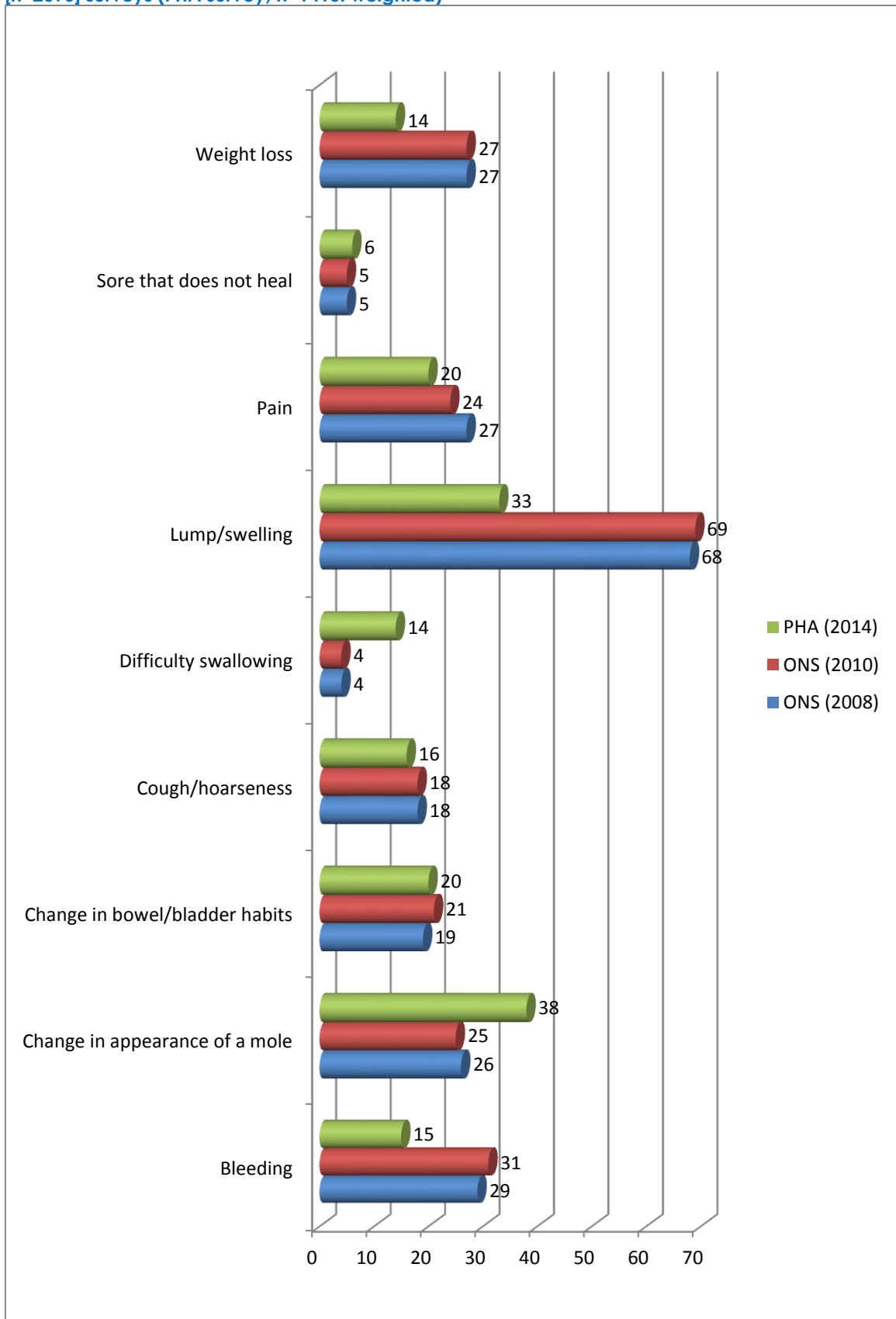
	%	%	%	%
	ONS (2008)	Ethnibus ¹³	ONS (2010)	PHA (2014)
Bleeding	29	15	31	15
Change in appearance of a mole	26	6	25	38
Change in bowel/bladder habits	19	2	21	20
Cough/hoarseness	18	7	18	16
Difficulty swallowing	4	<1	4	14
Lump/swelling	68	50	69	33
Pain	27	20	24	20
Sore that does not heal	5	1	5	6
Weight loss	27	16	27	14
Base	2197	1500	2090	1410

*p≤0.05; **p≤0.01; ***p≤0.001

¹³ ONS Ethnibus Survey conducted by Waller et al (November 2008) n=1500 aged 18+ (Covered Indian, Pakistani, Bangladeshi, Caribbean, African and Chinese)

Figure 2 presents a graphical comparison of the PHA survey with ONS surveys conducted in 2008 and 2010.

Figure 2: Unprompted recall of warning signs of cancer: comparisons with ONS 2008 [n=2197] and 2010 [n=2090] surveys (PHA survey, n=1410: weighted)



2.1.2 Unprompted Awareness of Signs and Symptoms: Variations by Gender

Analysis by gender found that women were more likely to spontaneously mention bleeding (18% vs. 12%, $p \leq 0.01$) when asked to list the warning signs of cancer, with women also significantly more likely to mention a change in the appearance of a mole (41% vs. 34%, $p \leq 0.01$) and a lump / swelling (39% vs. 26%, $p \leq 0.001$).

	All (%)	Male (%)	Female (%)
Bleeding**	15	12	18
Blurred vision	9	10	8
Bruising	11	11	11
Change in appearance of a mole**	38	34	41
Change in bowel/bladder habits	20	18	21
Cough/hoarseness	16	16	15
Difficulty swallowing	14	13	14
Feeling weak	17	15	19
Generally unwell	27	27	26
Loss of appetite	14	12	15
Lump/swelling***	33	26	39
Nausea/sickness	14	14	14
Pain	20	19	20
Sore that does not heal	6	4	7
Tiredness/fatigue	18	18	18
Weight loss	14	13	15
No symptoms stated***	4	6	2

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.1.3 Unprompted Awareness of Signs and Symptoms: Variations by Age

Analysis by age found those aged 16-29, compared with other age groups, were less likely to spontaneously mention bleeding (10%, $p \leq 0.05$), change in bowel or bladder habits (13%, $p \leq 0.001$), and more likely to mention no symptoms at all (7%, $p \leq 0.01$).

	All	16-29	30-49	50-64	65+
	%	%	%	%	%
Bleeding*	15	10	16	18	17
Blurred vision	9	9	10	9	7
Bruising	11	11	11	12	10
Change in appearance of a mole	38	38	39	37	36
Change in bowel/bladder habits***	20	13	17	24	27
Cough/hoarseness	16	13	16	15	19
Difficulty swallowing	14	13	13	13	16
Feeling weak	17	15	20	17	16
Generally unwell	27	24	26	31	26
Loss of appetite	14	13	13	12	17
Lump/swelling	33	34	33	35	29
Nausea/sickness	14	12	15	15	12
Pain	20	20	19	21	18
Sore that does not heal	6	5	5	7	6
Tiredness/fatigue	18	18	19	16	18
Weight loss	14	12	16	15	14
No symptoms stated**	4	7	3	3	2

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.1.4 Unprompted Awareness of Signs and Symptoms: Variations by Social Class

Analysis by social class found that a greater proportion of respondents in the higher social classes identified weight loss as a symptom of (ABC1s, 16%: C2DE, 12%, $p < 0.05$). There were no other significant variations by social class.

	All	ABC1	C2DE
	%	%	%
Bleeding	15	14	16
Blurred vision	9	9	8
Bruising	11	13	10
Change in appearance of a mole	38	40	36
Change in bowel/bladder habits	20	19	21
Cough/hoarseness	16	16	16
Difficulty swallowing	14	13	14
Feeling weak	17	18	17
Generally unwell	27	27	27
Loss of appetite	14	13	14
Lump/swelling	33	34	32
Nausea/sickness	14	13	14
Pain	20	21	19
Sore that does not heal	6	7	5
Tiredness/fatigue	18	19	17
Weight loss*	14	16	12
No symptoms stated	4	5	3

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.1.5 Unprompted Awareness of Signs and Symptoms: Variations by Education

Those educated to degree level or equivalent were more likely to spontaneously mention blurred vision as a warning sign of cancer (high, 15%; medium, 7%; low, 5%, $p \leq 0.001$), with this group less likely to spontaneously mention loss of appetite (high, 9%; medium, 16%; low, 15%, $p \leq 0.001$), tiredness / fatigue (high, 12%; medium, 21%; low, 19%, $p \leq 0.001$) and generally feeling unwell (high, 18%; medium, 30%; low, 31%, $p \leq 0.001$).

A greater proportion of those educated to degree level or equivalent mentioned no symptoms at all (high, 4%; medium, 2%; low, 2%, $p \leq 0.05$).

Table 2.5: Unprompted awareness of signs and symptoms of cancer by educational attainment (Base=1382; weighted)

	Educational Attainment Level			
	All	High	Medium	Low
	%	%	%	%
Bleeding	15	13	15	16
Blurred vision***	9	15	7	5
Bruising	11	11	12	9
Change in appearance of a mole	38	39	40	33
Change in bowel/bladder habits	20	19	19	24
Cough/hoarseness	16	18	15	16
Difficulty swallowing	14	13	14	15
Feeling weak	17	16	18	18
Generally unwell ***	27	18	30	31
Loss of appetite**	14	9	16	15
Lump/swelling	33	35	32	31
Nausea/sickness	14	11	15	17
Pain	20	16	21	23
Sore that does not heal	6	5	5	7
Tiredness/fatigue***	18	12	21	19
Weight loss**	14	10	17	13
No symptoms stated*	4	4	2	2

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.1.6 Unprompted Awareness of Signs and Symptoms: Variations by Deprivation

Respondents living in less deprived areas were less likely to spontaneously mention bleeding (9%, $p \leq 0.001$), cough / hoarseness (11%, $p \leq 0.001$), difficulty swallowing (9%, $p \leq 0.001$) and a sore that does not heal (2%, $p \leq 0.001$).

Those living in areas with average levels of deprivation (medium) were more likely to cite a change in the appearance of a mole (43%, $p \leq 0.01$), with this group also less likely to cite weight loss (10%, $p \leq 0.05$); a sore that doesn't heal (12%, $p \leq 0.001$) and generally feeling unwell (19%, $p \leq 0.001$).

Table 2.6: Unprompted awareness of signs and symptoms of cancer by level of deprivation (Base=1401: weighted)

	Deprivation Level			
	All	High	Medium	Low
	%	%	%	%
Bleeding***	15	18	19	9
Blurred vision	9	10	9	7
Bruising	11	12	11	11
Change in appearance of a mole**	38	33	43	38
Change in bowel/bladder habits	20	19	21	19
Cough/hoarseness**	16	18	18	11
Difficulty swallowing***	14	18	14	9
Feeling weak**	17	21	12	17
Generally unwell***	27	32	19	28
Loss of appetite	14	16	14	11
Lump/swelling	33	34	31	33
Nausea/sickness**	14	18	11	13
Pain	20	21	17	20
Sore that does not heal***	6	10	6	2
Tiredness/fatigue	18	19	14	20
Weight loss*	14	14	10	17
No symptoms stated*	4	3	3	2

*p≤0.05; **p≤0.01; ***p≤0.001

2.1.7 Unprompted Awareness of Signs and Symptoms: Variations by Health Trust

Analysis by area found that there was significant variation in unprompted awareness of each of the signs and symptoms of cancer listed in Table 2.7.

Table 2.7: Unprompted awareness of signs/ symptoms of cancer by area (Base=1410: weighted)

	All	Belfast	Northern	S Eastern	Southern	Western
	%	%	%	%	%	%
Bleeding***	15	5	23	8	13	22
Blurred vision***	9	4	1	16	20	3
Bruising**	11	10	6	12	16	13
Change in appearance of a mole***	38	37	22	47	39	53
Change in bowel/bladder habits***	20	14	18	14	21	35
Cough/hoarseness***	16	6	12	18	21	24
Difficulty swallowing***	14	7	5	14	24	23
Feeling weak***	17	35	8	10	15	23
Generally unwell***	27	40	21	12	22	42
Loss of appetite***	14	19	10	5	14	21
Lump/swelling***	33	40	35	17	31	42
Nausea/sickness***	14	22	8	4	14	25
Pain***	20	21	23	9	16	28
Sore that does not heal***	6	1	3	-	9	17
Tiredness/fatigue***	18	14	25	4	14	31
Weight loss***	14	10	26	8	6	17
No symptoms stated***	4	-	7	3	5	1

*p≤0.05; **p≤0.01; ***p≤0.001

2.1.8 Unprompted Awareness of Signs and Symptoms: Variations by Exposure to Cancer

Those exposed to cancer (themselves, family or friends) were more likely to spontaneously mention cough / hoarseness (17%, $p \leq 0.05$) and weight loss (15%, $p \leq 0.05$), whereas those not exposed to cancer were more likely to spontaneously mention being generally unwell (34%, $p \leq 0.001$) and pain (27%, $p \leq 0.001$).

Table 2.8: Unprompted awareness of signs/symptoms of cancer by exposure to cancer (Base=1410: weighted)

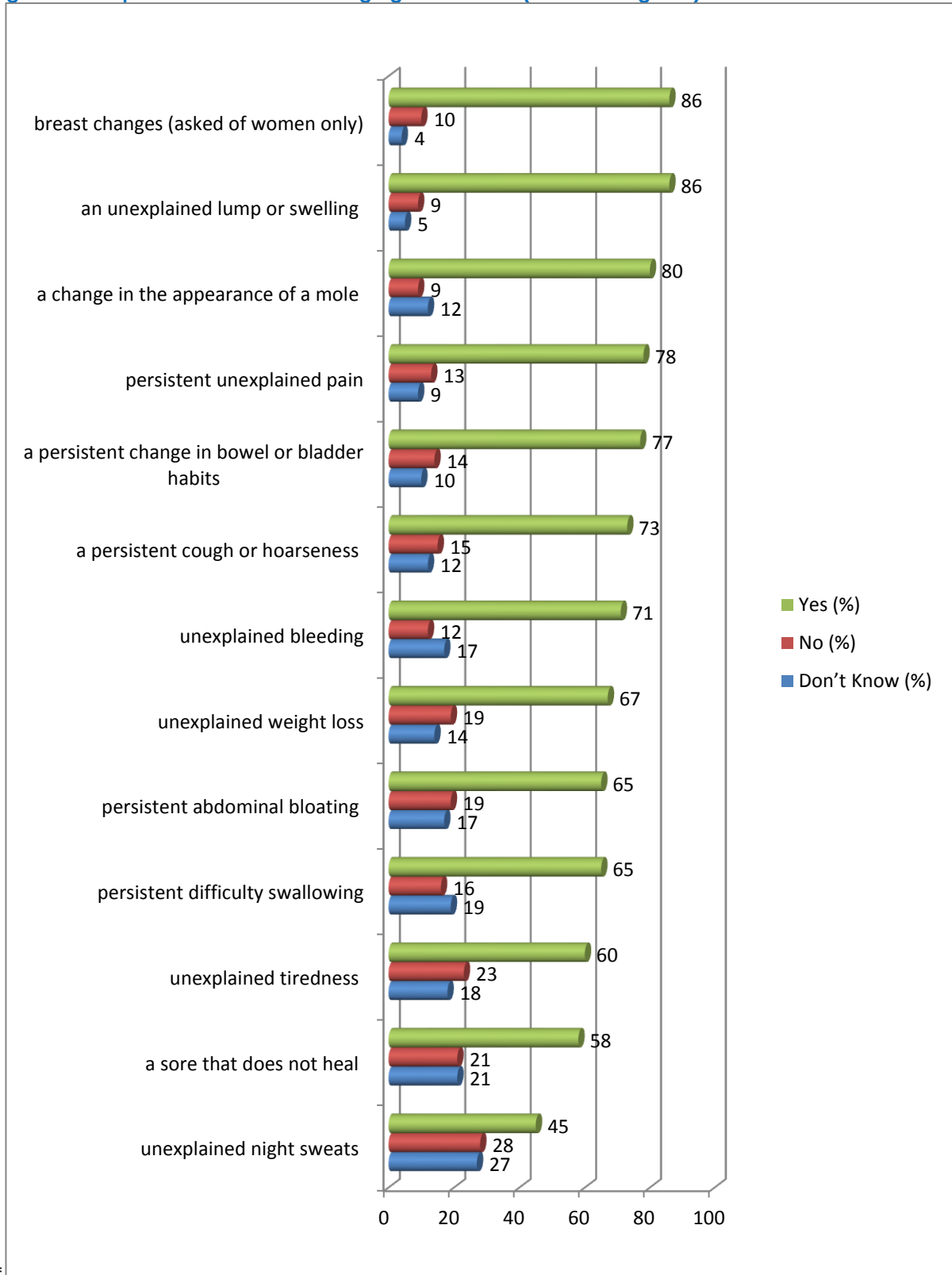
	All	Exposed to cancer (self, family or friend)	Not exposed to cancer
	%	%	%
Bleeding	15	15	15
Blurred vision	9	9	8
Bruising	11	11	10
Change in appearance of a mole	38	37	42
Change in bowel/bladder habits	20	20	17
Cough/hoarseness*	16	17	12
Difficulty swallowing	14	13	15
Feeling weak	17	17	19
Generally unwell**	27	25	34
Loss of appetite	14	13	16
Lump/swelling	33	33	33
Nausea/sickness	14	13	17
Pain***	20	18	27
Sore that does not heal	6	5	8
Tiredness/fatigue	18	19	14
Weight loss*	14	15	9
No symptoms stated	4	4	5

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.2 Prompted Awareness of the Signs and Symptoms of Cancer

All respondents were asked to say *prompted* what they believe to be warning signs of cancer, with the most commonly mentioned symptoms including: breast changes (86%); an unexplained lump or swelling (86%); and, a change in the appearance of a mole (80%).

Figure 3: Prompted awareness of warning signs of cancer (n=1410: weighted)



*

2.2.1 Comparisons with other Surveys – Prompted Awareness

In relation to prompted awareness of symptoms, respondents in this survey, compared with respondents in the ONS Survey in 2008, were more likely to recognise the following symptoms: persistent unexplained pain; and, a persistent cough or hoarseness.

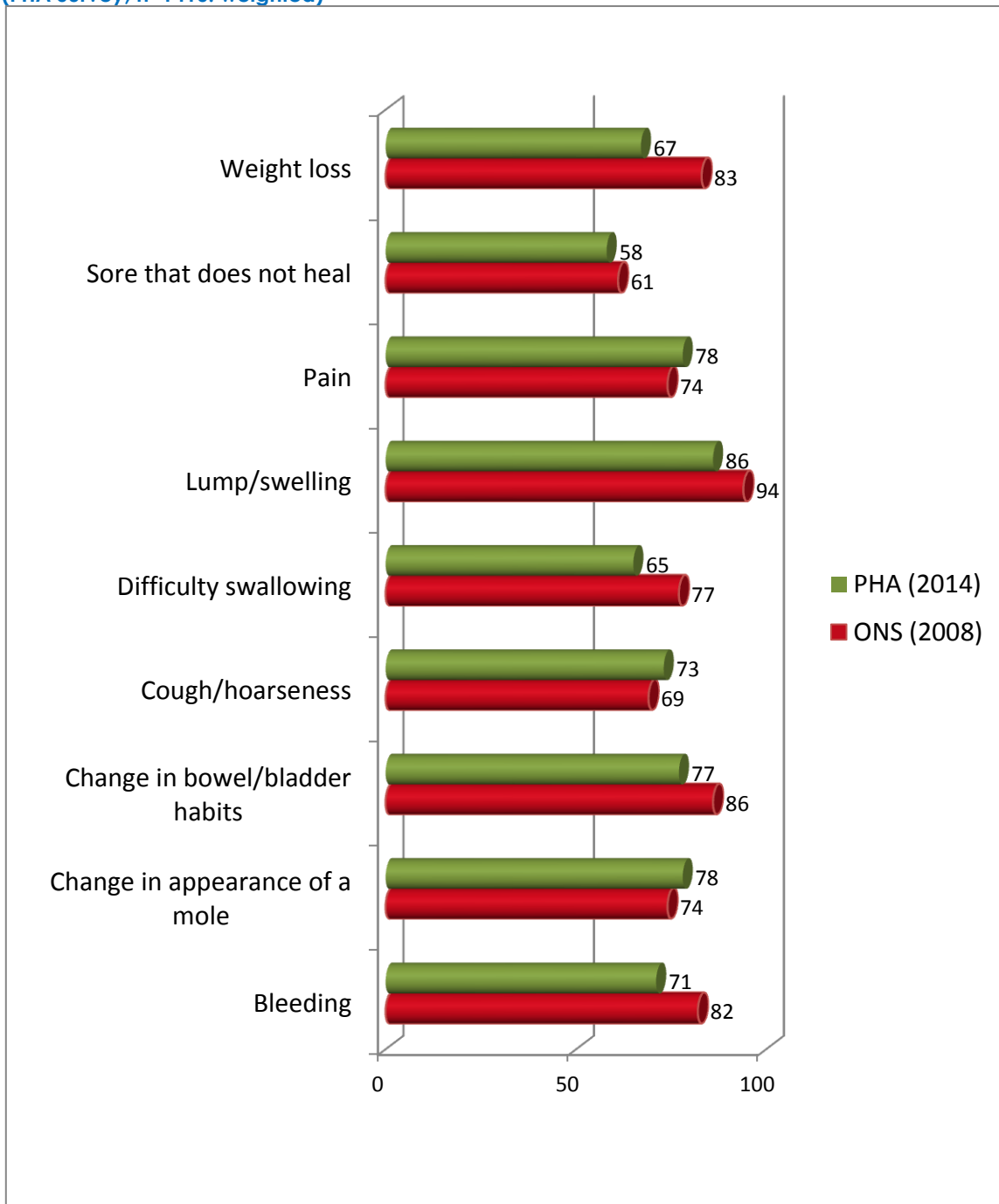
However, respondents in the ONS survey (2008) were more likely to recognise the following symptoms: an unexplained lump / swelling; unexplained bleeding; a persistent change in bowel or bladder habits; persistent difficulty swallowing; a change in the appearance of a mole; a sore that doesn't heal; and, weight loss.

Table 2.9: Prompted awareness of signs/symptoms of cancer (Base=1410: weighted)			
	ONS (2008)	Ethnibus	PHA (2014)
	%	%	%
an unexplained lump or swelling	94	72	86
persistent unexplained pain	74	72	78
unexplained bleeding	82	60	71
a persistent cough or hoarseness	69	42	73
a persistent change in bowel or bladder habits	86	51	77
persistent difficulty swallowing	77	37	65
a change in the appearance of a mole	94	46	80
a sore that does not heal	61	35	58
unexplained weight loss	83	58	67
unexplained night sweats	-	-	45
Unexplained tiredness	-	-	60
Base	2197	1500	1410

*p≤0.05; **p≤0.01; ***p≤0.001

Figure 4 presents a graphical comparison of prompted awareness in the PHA survey compared with an ONS survey conducted in 2008.

Figure 4: Prompted awareness of warning signs of cancer: comparisons with ONS (2008) Survey [n=2197] (PHA Survey, n=1410: weighted)

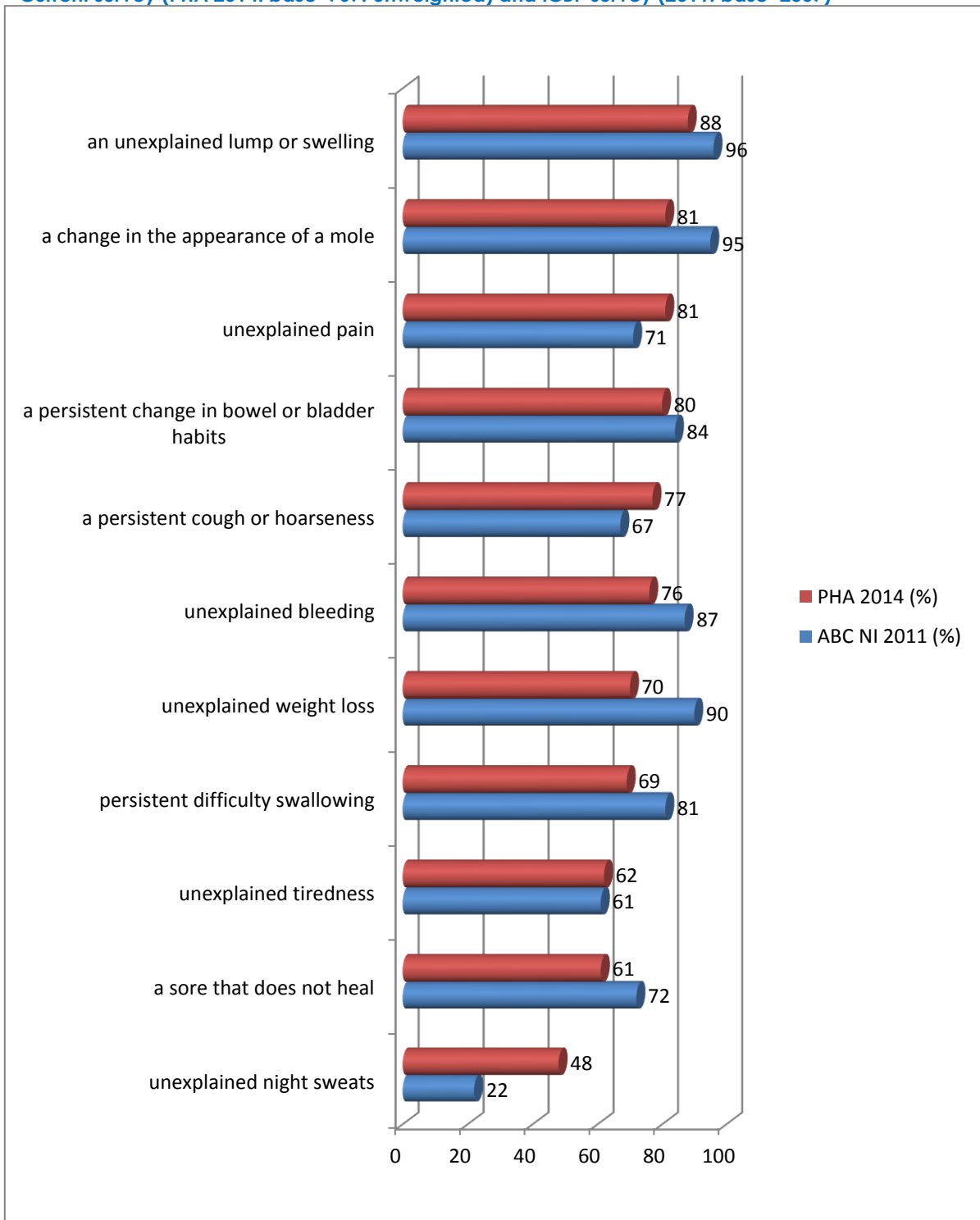


2.2.2 Comparisons with NI Study in 2011 (Respondents Aged 50+)

This current survey presents an opportunity to compare the findings with an International Cancer Benchmarking Partnership (ICBP) survey conducted in Northern Ireland in 2011. The ICBP survey was conducted using a telephone methodology among men and women aged 50+. For the purposes of this report the comparisons with the ICBP study are based on a sub sample of respondents aged 50+ from this current survey.

Figure 5 shows that although the overall pattern is consistent between the two surveys, there are differences, with the largest difference relating to night sweats (current survey, 48%: ICBP survey, 22%). The smallest difference relates to unexplained tiredness (current survey, 62%: ICBP survey, 61%).

Figure 5: Comparison of prompted symptom awareness among those aged 50+
Current survey (PHA 2014: base=767: unweighted) and ICBP survey (2011: base=2307)



2.2.3 Prompted Awareness of Signs and Symptoms: Variations by Gender

Analysis by gender found that women were more likely to spontaneously mention: an unexplained lump or swelling (89% vs. 83%, $p \leq 0.001$); persistent unexplained pain (80% vs. 75%, $p \leq 0.05$); unexplained bleeding (72% vs. 69%, $p \leq 0.05$); a persistent change in bowel or bladder habits (79% vs. 74%, $p \leq 0.05$); a change in the appearance of a mole (82% vs. 77%, $p \leq 0.01$); unexplained weight loss (72% vs. 63%, $p \leq 0.001$); unexplained night sweats (48% vs. 41%, $p \leq 0.01$); and, persistent abdominal bloating (70% vs. 59%, $p \leq 0.001$).

Table 2.10: Prompted awareness of signs/ symptoms of cancer by gender (Base=1407: weighted)

	All (%)	Male (%)	Female (%)
an unexplained lump or swelling**	86	83	89
persistent unexplained pain*	78	75	80
unexplained bleeding*	71	69	72
a persistent cough or hoarseness	73	72	75
a persistent change in bowel or bladder habits*	77	74	79
persistent difficulty swallowing	65	63	67
a change in the appearance of a mole**	80	77	82
a sore that does not heal	58	56	61
unexplained weight loss***	67	63	72
Unexplained night sweats **	45	41	48
unexplained tiredness*	60	57	62
breast changes (asked of women only)	86	-	86
persistent abdominal bloating***	65	59	70

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.2.4 Prompted Awareness of Signs and Symptoms: Variations by Age

Analysis by age found that in relation to all but two warning signs (breast changes and a change in the appearance of a mole), younger respondents (aged 16-29) were less likely to say that each of the other warning signs listed in Table 2.11 is a sign or symptom of cancer.

Table 2.11: Prompted awareness of signs and symptoms of cancer by age (Base=1410: weighted)

	All	16-29	30-49	50-64	65+
	%	%	%	%	%
an unexplained lump or swelling *	86	82	87	88	89
persistent unexplained pain ***	78	69	79	80	82
unexplained bleeding ***	71	64	70	74	77
a persistent cough or hoarseness***	73	60	78	74	81
a persistent change in bowel or bladder habits***	77	68	79	77	84
persistent difficulty swallowing ***	65	55	67	69	70
a change in the appearance of a mole	80	75	80	80	84
a sore that does not heal**	58	50	61	60	63
unexplained weight loss***	67	60	68	67	76
Unexplained night sweats **	45	37	45	46	52
unexplained tiredness***	60	51	62	58	67
breast changes (asked of women only)	86	85	88	83	86
persistent abdominal bloating***	65	51	69	67	71

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.2.5 Prompted Awareness of Signs and Symptoms: Variations by Social Class

Analysis by social class found a greater proportion of those in social classes C2DE (73%) compared with those in social classes ABC1 (68%, $p \leq 0.05$) identified unexplained bleeding as a warning sign of cancer.

	All	ABC1	C2DE
	%	%	%
an unexplained lump or swelling	86	85	88
persistent unexplained pain	78	76	79
unexplained bleeding*	71	68	73
a persistent cough or hoarseness	73	74	72
a persistent change in bowel or bladder habits	77	74	79
persistent difficulty swallowing	65	63	67
a change in the appearance of a mole	80	79	80
a sore that does not heal	58	59	58
unexplained weight loss	67	67	68
Unexplained night sweats	45	45	45
unexplained tiredness	60	57	62
breast changes (asked of women only)	86	86	86
persistent abdominal bloating	65	65	64

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.2.6 Prompted Awareness of Signs and Symptoms: Variations by Education

Analysis by education found that with the exception of breast changes, there was a significant association between recognition of each of the other signs and symptoms of cancer and education attainment level.

	Education Attainment Level			
	All	High	Medium	Low
	%	%	%	%
an unexplained lump or swelling ***	86	84	85	91
persistent unexplained pain ***	78	76	76	84
unexplained bleeding***	71	63	71	78
a persistent cough or hoarseness***	73	76	70	77
a persistent change in bowel or bladder habits ***	77	74	74	83
persistent difficulty swallowing ***	65	62	63	71
a change in the appearance of a mole **	80	73	81	84
a sore that does not heal***	58	58	56	64
unexplained weight loss***	67	65	65	73
Unexplained night sweats ***	45	43	45	46
unexplained tiredness***	60	56	58	66
breast changes (asked of women only)	86	82	88	86
persistent abdominal bloating*	65	66	62	68

* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$

2.2.7 Prompted Awareness of Signs and Symptoms: Variations by Deprivation

There were a number of statistically significant associations between recognition of signs and symptoms of cancer and deprivation level and these are highlighted in bold in Table 2.14.

	Deprivation Level			
	All	High	Medium	Low
	%	%	%	%
an unexplained lump or swelling *	86	88	86	85
persistent unexplained pain *	78	80	76	77
unexplained bleeding ***	71	73	67	72
a persistent cough or hoarseness	73	73	73	74
a persistent change in bowel or bladder habits	77	76	76	78
persistent difficulty swallowing ***	65	68	62	64
a change in the appearance of a mole	80	82	77	79
a sore that does not heal	58	62	57	56
unexplained weight loss**	67	73	62	66
Unexplained night sweats	45	42	43	49
unexplained tiredness	60	63	58	59
breast changes (asked of women only)	86	84	83	89
persistent abdominal bloating	65	65	64	65
*p≤0.05; **p≤0.01; ***p≤0.001				

2.2.8 Prompted Awareness of Signs and Symptoms: Variations by Trust Area

Analysis by area found that there was significant variation in prompted awareness of each of the signs and symptoms of cancer, with these differences highlighted in Table 2.15 below.

	All	Belfast	Northern	S Eastern	Southern	Western
	%	%	%	%	%	%
an unexplained lump or swelling ***	86	87	92	78	78	96
persistent unexplained pain ***	78	74	84	77	71	79
unexplained bleeding ***	71	66	86	57	55	86
a persistent cough or hoarseness ***	73	68	77	77	68	75
a persistent change in bowel or bladder habits *	77	68	91	68	65	87
persistent difficulty swallowing ***	65	54	78	56	58	74
a change in the appearance of a mole ***	80	85	92	60	65	95
a sore that does not heal ***	58	38	70	60	50	73
unexplained weight loss ***	67	62	78	66	53	75
Unexplained night sweats ***	45	39	40	53	41	54
unexplained tiredness ***	60	48	67	59	53	70
breast changes (asked of women only) ***	86	87	95	75	74	96
persistent abdominal bloating ***	65	58	70	66	58	68
*p≤0.05; **p≤0.01; ***p≤0.001						

2.2.9 Prompted Awareness of Signs and Symptoms: Variations by Exposure to Cancer

Those exposed to cancer (themselves, family or friends) were more likely say, when prompted, that each of the items listed in Table 2.16 is a warning sign of cancer.

Table 2.16: Prompted awareness of signs and symptoms of cancer by exposure to cancer (Base=1410: weighted)			
	All	Exposed to cancer (self, family or friend)	Not exposed to cancer
	%	%	%
an unexplained lump or swelling ***	86	88	77
persistent unexplained pain ***	78	80	68
unexplained bleeding ***	71	73	60
a persistent cough or hoarseness ***	73	77	56
a persistent change in bowel or bladder habits ***	77	80	62
persistent difficulty swallowing ***	65	68	53
a change in the appearance of a mole **	80	81	73
a sore that does not heal **	58	60	50
unexplained weight loss ***	67	70	58
Unexplained night sweats **	45	46	37
unexplained tiredness **	60	62	51
breast changes (asked of women only) **	86	88	77
persistent abdominal bloating ***	65	68	51

*p≤0.05; **p≤0.01; ***p≤0.001

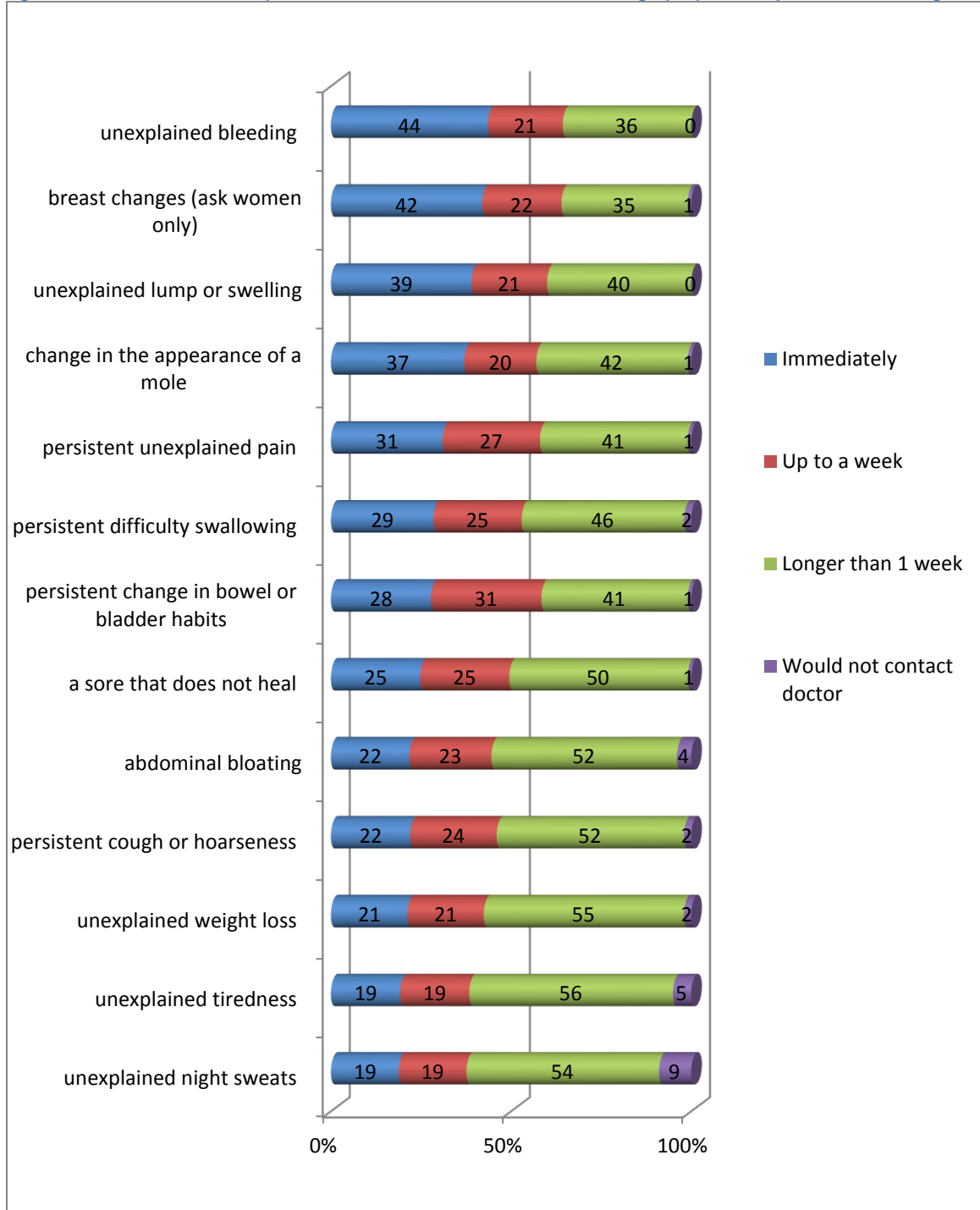
2.4 Seeking Help

Respondents were asked how soon they would contact their doctor if they had a symptom they thought might be a sign of cancer.

Overall 44% of respondents said they would contact their doctor immediately if they had unexplained bleeding, with 42% of women saying they would contact their doctor immediately if they noticed breast changes.

Fewer than one in five respondents said they would contact their doctor immediately if they had unexplained night sweats (19%) or unexplained tiredness (19%).

Figure 6: How soon would you contact a doctor with the following symptoms? (Base=1410: weighted)



2.4.1 Seeking Help and Comparisons with the ONS 2008 Survey

With the exceptions of a persistent cough or hoarseness and unexplained weight loss, respondents in the current survey compared with the ONS survey in 2008 said they would delay longer in contacting a doctor if they had specific symptoms which they thought might be a sign of cancer.

Table 2.17: Seeking help and comparisons with ONS Study in 2008 (ONS 2008, n=2197; PHA, n=1410)

		Delay in help seeking with a range of symptoms		
		Within 1 week	More than a week	Would not contact my doctor
		%	%	%
unexplained lump or swelling	PHA 2014	60	40	-
	ONS 2008	76	23	1
persistent unexplained pain	PHA 2014	58	42	1
	ONS 2008	70	28	2
unexplained bleeding	PHA 2014	65	35	-
	ONS 2008	91	8	1
persistent cough or hoarseness	PHA 2014	47	52	2
	ONS 2008	46	47	7
persistent change in bowel or bladder habits	PHA 2014	58	40	1
	ONS 2008	59	38	3
persistent difficulty swallowing	PHA 2014	54	45	2
	ONS 2008	78	21	1
change in the appearance of a mole	PHA 2014	57	42	1
	ONS 2008	73	25	2
a sore that does not heal	PHA 2014	50	49	1
	ONS 2008	59	40	1
unexplained weight loss	PHA 2014	42	56	2
	ONS 2008	36	60	4

2.4.2 Help Seeking

In the current survey there were a number of statistically significant differences:

Symptom: unexplained lump or swelling

- Women were more likely to say they would contact their doctor immediately (46% vs. 32%, $p \leq 0.001$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 45%; medium, 32%; low; 41%, $p \leq 0.01$);

- Belfast residents were more likely to say they would contact their doctor immediately (Belfast, 56%; Northern, 44%; S Eastern, 30%; Southern, 26%; Western, 40%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends), compared with others, were more likely to say they would contact their doctor immediately (41% vs. 33%, $p \leq 0.05$);

Symptom: persistent unexplained pain

- Women were more likely to say they would contact their doctor immediately (36% vs. 25%, $p \leq 0.001$);
- Older respondents were more likely to say they would contact their doctor immediately (16-29, 27%; 30-49, 30%; 50-64, 29%; 65+, 39%, $p \leq 0.05$);
- Less well educated respondents were more likely to say they would contact their doctor immediately (high, 31%; medium, 30%; low; 36%, $p \leq 0.05$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 37%; medium, 24%; low; 31%, $p \leq 0.001$);
- Belfast residents were more likely to say they would contact their doctor immediately (Belfast, 44%; Northern, 37%; S Eastern, 21%; Southern, 24%; Western, 25%, $p \leq 0.001$);

Symptom: unexplained bleeding

- Women were more likely to say they would contact their doctor immediately (47% vs. 39%, $p \leq 0.01$);
- Respondents with qualifications other than degree level or equivalent were less likely to say they would contact their doctor immediately (high, 44%; medium, 40%; low; 47%, $p \leq 0.001$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 47%; medium, 39%; low; 44%, $p \leq 0.05$);
- Belfast residents were more likely to say they would contact their doctor immediately (Belfast, 58%; Northern, 51%; S Eastern, 35%; Southern, 34%; Western, 37%, $p \leq 0.001$);

Symptom: persistent cough or hoarseness

- Women were more likely to say they would contact their doctor immediately (27% vs. 18%, $p \leq 0.01$);
- Older respondents were more likely to say they would contact their doctor immediately (16-29, 19%; 30-49, 21%; 50-64, 20%; 65+, 31%, $p \leq 0.05$);
- Less well educated respondents were more likely to say they would contact their doctor immediately (high, 18%; medium, 20%; low; 30%, $p \leq 0.01$);

- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 27%; medium, 15%; low; 24%, $p \leq 0.001$);
- Belfast residents were more likely to say they would contact their doctor immediately (Belfast, 30%; Northern, 28%; S Eastern, 14%; Southern, 14%; Western, 25%, $p \leq 0.001$);

Symptom: persistent change in bowel or bladder habits

- Women were more likely to say they would contact their doctor immediately (32% vs. 24%, $p \leq 0.01$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 33%; medium, 21%; low; 28%, $p \leq 0.01$);
- Southern Trust residents were less likely to say they would contact their doctor immediately (Belfast, 29%; Northern, 32%; S Eastern, 27%; Southern, 21%; Western, 32%, $p \leq 0.001$);

Symptom: persistent difficulty swallowing

- Women were more likely to say they would contact their doctor immediately (32% vs. 25%, $p \leq 0.05$);
- Less well educated respondents were more likely to say they would contact their doctor immediately (high, 26%; medium, 26%; low; 34%, $p \leq 0.05$);
- Respondents living in areas with higher levels of deprivation were more likely to say they would contact their doctor immediately (high, 34%; medium, 26%; low; 26%, $p \leq 0.001$);
- Northern Trust residents were more likely to say they would contact their doctor immediately (Belfast, 29%; Northern, 36%; S Eastern, 22%; Southern, 22%; Western, 31%, $p \leq 0.001$);

Symptom: change in the appearance of a mole

- Women were more likely to say they would contact their doctor immediately (41% vs. 33%, $p \leq 0.05$);
- Older respondents were more likely to say they would contact their doctor immediately (16-29, 37%; 30-49, 38%; 50-64, 33%; 65+, 41%, $p \leq 0.05$);
- Respondents living in areas with higher levels of deprivation were more likely to say they would contact their doctor immediately (high, 42%; medium, 34%; low; 35%, $p \leq 0.01$);
- Belfast Trust residents were more likely to say they would contact their doctor immediately (Belfast, 51%; Northern, 41%; S Eastern, 24%; Southern, 24%; Western, 46%, $p \leq 0.001$);

Symptom: a sore that does not heal

- Women were more likely to say they would contact their doctor immediately (28% vs. 21%, $p \leq 0.05$);
- Respondents in social classes ABC1 (51%) were more likely to say they would take longer (more than a week) to contact their doctor (C2DE, 47%, $p \leq 0.05$);
- Less well educated respondents were more likely to say they would contact their doctor immediately (high, 22%; medium, 23%; low; 29%, $p \leq 0.01$);
- Respondents living in areas with higher levels of deprivation were more likely to say they would contact their doctor immediately (high, 30%; medium, 19%; low; 24%, $p \leq 0.001$);
- Southern Trust residents were less likely to say they would contact their doctor immediately (Belfast, 28%; Northern, 30%; S Eastern, 19%; Southern, 17%; Western, 29%, $p \leq 0.001$);

Symptom: unexplained weight loss

- Women were more likely to say they would contact their doctor immediately (24% vs. 19%, $p \leq 0.05$);
- Older respondents were more likely to say they would contact their doctor immediately (16-29, 20%; 30-49, 19%; 50-64, 21%; 65+, 27%, $p \leq 0.05$);
- Less well educated respondents were more likely to say they would contact their doctor immediately (high, 17%; medium, 20%; low; 26%, $p \leq 0.01$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 25%; medium, 17%; low; 21%, $p \leq 0.001$);
- Southern and South Eastern Trust residents were less likely to say they would contact their doctor immediately (Belfast, 25%; Northern, 26%; S Eastern, 16%; Southern, 14%; Western, 24%, $p \leq 0.001$);

Symptom: unexplained night sweats

- Women were more likely to say they would contact their doctor immediately (22% vs. 15%, $p \leq 0.001$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 23%; medium, 12%; low; 21%, $p \leq 0.001$);
- Belfast Trust residents were more likely to say they would contact their doctor immediately (Belfast, 25%; Northern, 22%; S Eastern, 13%; Southern, 14%; Western, 20%, $p \leq 0.001$);

Symptom: unexplained tiredness

- Older respondents were more likely to say they would contact their doctor immediately (16-29, 16%; 30-49, 18%; 50-64, 18%; 65+, 25%, $p \leq 0.05$);
- Less well educated respondents were more likely to say they would contact their doctor immediately (high, 15%; medium, 17%; low; 23%, $p \leq 0.05$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 23%; medium, 12%; low; 21%, $p \leq 0.001$);
- Belfast Trust residents were more likely to say they would contact their doctor immediately (Belfast, 26%; Northern, 23%; S Eastern, 11%; Southern, 13%; Western, 22%, $p \leq 0.001$);

Symptom: breast changes (ask women only)

- Women living in areas with medium levels of deprivation were less likely to say they would contact their doctor immediately (high, 45%; medium, 36%; low; 44%, $p \leq 0.01$);
- Women living in Belfast Trust were more likely to say they would contact their doctor immediately (Belfast, 58%; Northern, 49%; S Eastern, 25%; Southern, 27%; Western, 50%, $p \leq 0.001$);

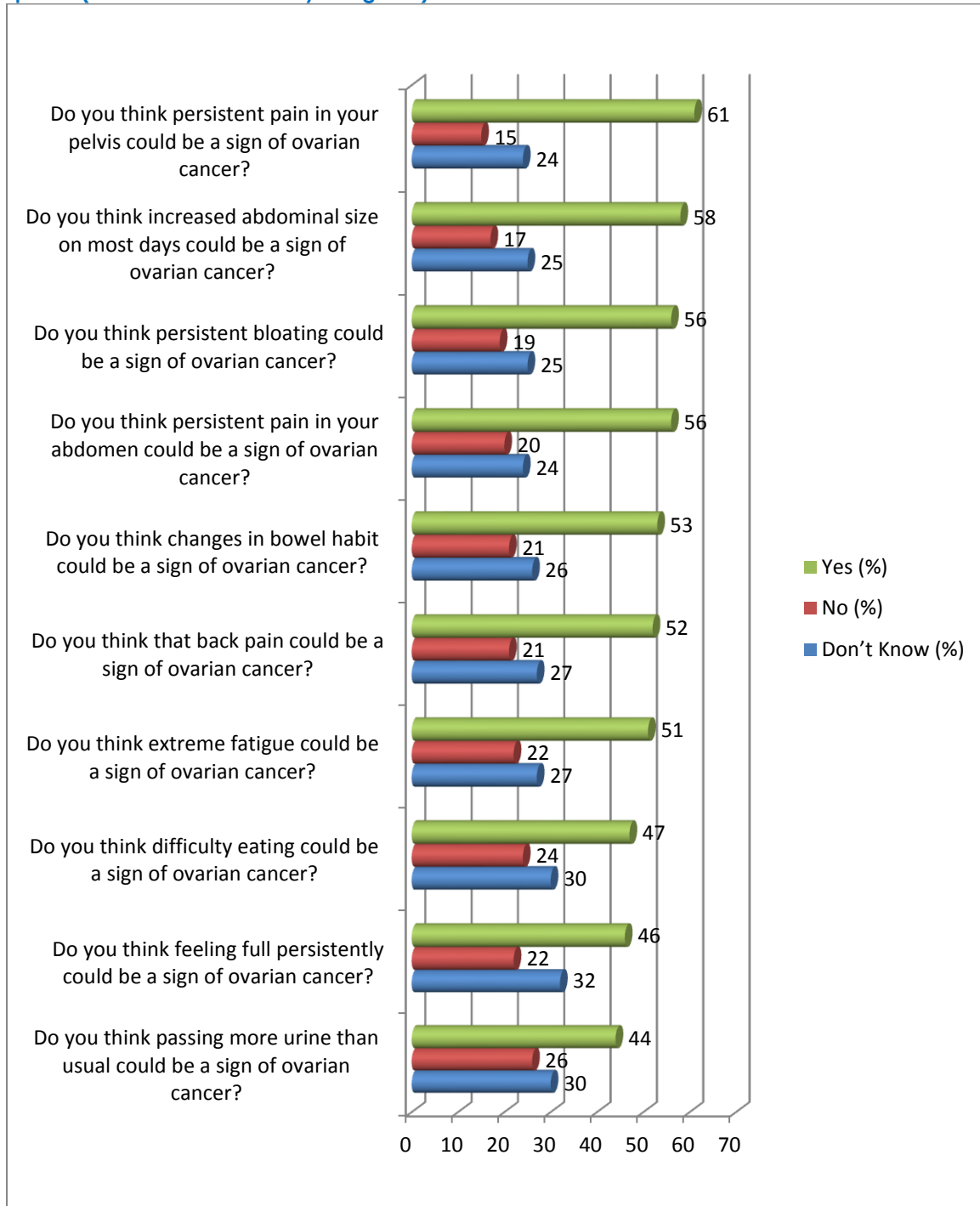
Symptom: abdominal bloating

- Women were more likely to say they would contact their doctor immediately (26% vs. 17%, $p \leq 0.001$);
- Less well educated respondents were more likely to say they would contact their doctor immediately (high, 18%; medium, 20%; low; 28%, $p \leq 0.01$);
- Respondents living in areas with average levels of deprivation were less likely to say they would contact their doctor immediately (high, 26%; medium, 15%; low; 22%, $p \leq 0.001$);
- Belfast Trust residents were less likely to say they would contact their doctor immediately (Belfast, 27%; Northern, 25%; S Eastern, 16%; Southern, 15%; Western, 25%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends) were more likely to say they would contact their doctor immediately (22% vs. 19%, $p \leq 0.01$).

2.5 Ovarian Cancer

Women in the survey were asked if they believed that a number of symptoms are warning signs of ovarian cancer. Of the various symptoms listed, 61% believed that persistent pain in the pelvis is a sign of ovarian cancer, with similar numbers of the view that increased abdominal size (58%), persistent bloating (56%) and persistent pain in your abdomen (56%) are all signs of ovarian cancer. Note that back pain was included as a dummy symptom, in line with the 2009 Target Ovarian Cancer Pathfinder Awareness Survey.

Figure 7: The following may or may not be warning signs of ovarian cancer. We are interested in your opinion (Base=720: women only: weighted).



2.5.1 Comparing Awareness of Symptoms with Target Ovarian Pathfinder Awareness Survey¹⁴

Table 2.18 compares recognition of the symptoms of ovarian cancer between this current survey and the 2012 UK-wide Target Ovarian Cancer Pathfinder Awareness Survey.

Of the nine symptoms listed, women in the Northern Ireland survey were less likely to cite six of them: pain in your abdomen; persistent pain in your pelvis; persistent bloating; increased abdominal size; feeling full persistently; and, extreme fatigue. Conversely, greater proportions of women in the Northern Ireland survey recognised difficulty eating, passing more urine than usual and extreme fatigue as symptoms of ovarian cancer.

Table 2.18: Recognition of different ovarian cancer symptoms – comparisons between PHA survey (2014) and Pathfinder UK-wide survey (2012)

	PHA (2014)	Pathfinder Survey (2012)	Difference + / -
pain in your abdomen	56	83	-27
persistent pain in your pelvis	61	87	-26
persistent bloating	56	74	-18
increased abdominal size	58	81	-23
feeling full persistently	46	51	-5
difficulty eating	47	30	+17
passing more urine than usual	44	40	+4
changes in bowel habit	53	52	+1
extreme fatigue	51	71	-20
Base	719	1004	

2.5.2 Awareness of Signs and Symptoms of Ovarian Cancer: Variations by Age

Analysis by age found that younger women (aged 16-29), when prompted, were significantly less likely to say the following are signs of ovarian cancer: persistent pain in your pelvis; persistent bloating; increased abdominal size on most days; feeling full persistently; changes in bowel habit; extreme fatigue; and back pain.

Table 2.19: Prompted awareness of signs and symptoms of ovarian cancer by age (Base=719: weighted)

	All	16-29	30-49	50-64	65+
	%	%	%	%	%
pain in your abdomen	56	46	59	57	61
persistent pain in your pelvis **	61	51	69	61	60
persistent bloating **	56	42	60	59	61
increased abdominal size on most days **	58	45	61	67	59
feeling full persistently ***	46	33	46	53	51
difficulty eating	47	40	46	51	49
passing more urine than usual	44	36	46	47	47
changes in bowel habit *	53	41	55	56	58
extreme fatigue ***	51	34	59	58	52
back pain *	58	46	54	58	52
BASE	719	167	248	155	149

*p≤0.05; **p≤0.01; ***p≤0.001

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2.5.3 Awareness of Signs and Symptoms of Ovarian Cancer: Variations by Social Class

Analysis by the social class of women found no significant differences in awareness of different signs and symptoms of ovarian cancer.

Table 2.20: Prompted awareness of signs and symptoms of ovarian cancer by social class (Base=719: weighted)

	All	ABC1	C2DE
	%	%	%
persistent pain in your abdomen	51	58	55
persistent pain in your pelvis	58	63	60
persistent bloating	56	57	55
increased abdominal size on most days	61	58	59
feeling full persistently	56	44	48
difficulty eating	58	46	47
passing more urine than usual	46	43	45
changes in bowel habit	47	51	54
extreme fatigue	44	52	51
back pain	53	51	53
BASE	719	334	385

*p≤0.05; **p≤0.01; ***p≤0.001

2.5.4 Awareness of Signs and Symptoms of Ovarian Cancer: Variations by Education

In relation to educational attainment level, women with qualifications other than degree level or equivalent (medium) were significantly less likely to be aware of each of the symptoms listed in Table 2.21 when prompted.

Table 2.21: Prompted awareness of signs and symptoms of ovarian cancer by educational attainment (Base=706: weighted)

	Educational Attainment Level			
	All	High	Medium	Low
	%	%	%	%
persistent pain in your abdomen ***	56	57	55	56
persistent pain in your pelvis **	61	67	57	61
persistent bloating ***	56	59	51	60
increased abdominal size on most days **	58	63	53	60
feeling full persistently ***	46	49	41	51
difficulty eating ***	47	50	43	47
passing more urine than usual ***	44	45	42	46
changes in bowel habit ***	53	54	51	52
extreme fatigue ***	51	56	47	52
back pain ***	58	52	50	55
BASE	706	199	343	164

*p≤0.05; **p≤0.01; ***p≤0.001

2.5.5 Awareness of Signs and Symptoms of Ovarian Cancer: Variations by Deprivation

In terms of level of deprivation, women in areas of relatively high deprivation were more likely to be aware that increased abdominal size on most days is a sign or symptom of ovarian cancer.

	Deprivation Level			
	All	High	Medium	Low
	%	%	%	%
persistent pain in your abdomen	56	59	56	54
persistent pain in your pelvis	61	63	62	59
persistent bloating	56	57	57	54
increased abdominal size on most days **	58	62	57	54
feeling full persistently	46	49	48	41
difficulty eating	47	51	48	41
passing more urine than usual	44	46	48	40
changes in bowel habit	53	56	54	48
extreme fatigue	51	55	52	47
back pain	58	55	53	49
BASE	714	249	204	261

*p≤0.05; **p≤0.01; ***p≤0.001

2.5.6 Awareness of Signs and Symptoms of Ovarian Cancer: Variations by Area

Analysis by Trust area found women in the Belfast Trust least likely to be aware of each of the symptoms of ovarian cancer when prompted.

	All	Belfast	Northern	S Eastern	Southern	Western
	%	%	%	%	%	%
persistent pain in your abdomen ***	56	35	68	58	49	67
persistent pain in your pelvis ***	61	33	70	67	61	72
persistent bloating ***	56	38	62	66	53	60
increased abdominal size on most days ***	58	43	68	60	57	59
feeling full persistently ***	46	32	53	53	44	44
difficulty eating ***	47	29	53	61	46	40
passing more urine than usual ***	44	32	46	50	46	47
changes in bowel habit ***	53	38	61	54	46	64
extreme fatigue ***	51	31	59	61	51	50
back pain ***	58	29	58	57	58	56
BASE	721	134	194	129	147	117

*p≤0.05; **p≤0.01; ***p≤0.001

2.5.7 Awareness of Signs of Ovarian Cancer: Variations by Exposure to Cancer

Analysis by exposure to cancer (self, family or friends) found that women exposed to cancer were more likely to be aware of each of the different symptoms of ovarian cancer when prompted.

Table 2.24: Prompted awareness of signs and symptoms of ovarian cancer by exposure to cancer (Base=719: weighted)

	All	Exposed to cancer (self, family or friend)	Not exposed to cancer
	%	%	%
persistent pain in your abdomen ***	56	60	41
persistent pain in your pelvis ***	61	64	49
persistent bloating ***	56	59	41
increased abdominal size on most days ***	58	61	44
feeling full persistently ***	46	49	33
difficulty eating ***	47	49	35
passing more urine than usual *	44	46	34
changes in bowel habit ***	53	56	38
extreme fatigue ***	51	55	36
back pain **	58	55	40
BASE	719	587	132

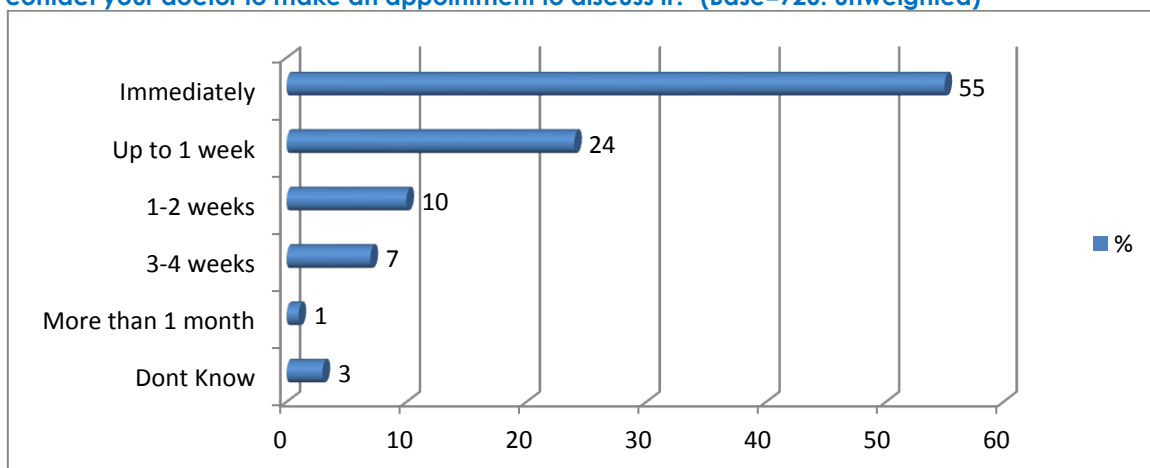
*p<0.05; **p<0.01; ***p<0.001

2.5.8 Time taken to Contact a Doctor with a Symptom of Ovarian Cancer

Women were asked how soon they would contact their doctor if they had a symptom which might be a sign of ovarian cancer.

A majority of women (55%) said they would contact their doctor immediately, with 24% saying they would contact their doctor within 1 week. Eighteen percent said they would take longer than a week to contact their doctor, with 3% unsure how long they would take.

Figure 8: If you had a symptom you thought might be a sign of ovarian cancer how soon would you contact your doctor to make an appointment to discuss it? (Base=720: unweighted)



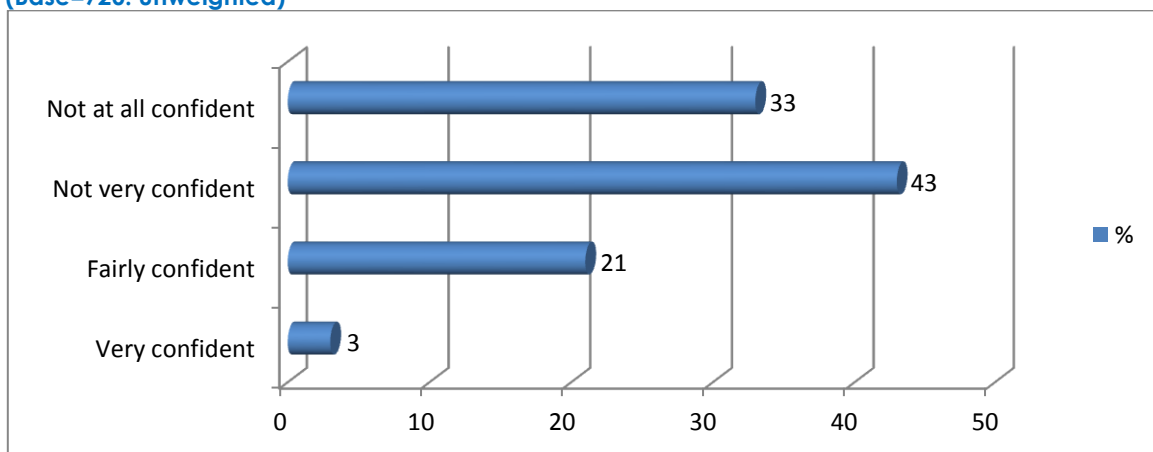
The only significant difference in response related to Trust area, with women in the Belfast Trust more likely to say they would contact their doctor immediately if they thought they had a symptom of ovarian cancer (Belfast, 72%; Northern, 50%; S Eastern, 65%; Southern, 55%; Western, 43%, p<=0.001);

2.5.9 Confidence in Noticing an Ovarian Cancer Symptom

Approximately three out of four (76%) women in the survey said they would be 'not at all confident' (33%) or 'not very confident' (43%) they would notice an ovarian cancer symptom, with 24% saying they would be 'fairly confident' (21%) or 'very confident' (3%).

The pattern of response is consistent with the 2012 UK-wide Target Ovarian Pathfinder Awareness Survey¹⁵, which found 28% of women saying they would be 'fairly confident' (25%) or 'very confident' (3%) with most 'not very confident' (46%) or 'not at all confident' (23%) they would notice an ovarian cancer symptom.

Figure 9: How confident are you that you would notice an ovarian cancer symptom?
(Base=720: unweighted)



There were a number of statistically significant differences:

- Women with a higher level of educational attainment were more likely to say they would be confident in noticing a symptom of ovarian cancer (high, 34%; medium, 18%; low, 26%, $p < 0.001$);
- Women living in the Western Trust were less likely to say they would be confident in noticing a symptom of ovarian cancer (Belfast, 30%; Northern, 26%; S Eastern, 22%; Southern, 31%; Western, 11%, $p < 0.001$);
- Women exposed to cancer (self, family or friends) were more likely to say they would be confident in noticing a symptom of ovarian cancer (26% vs. 17%, $p < 0.05$);

2.6 Barriers to Seeking Help

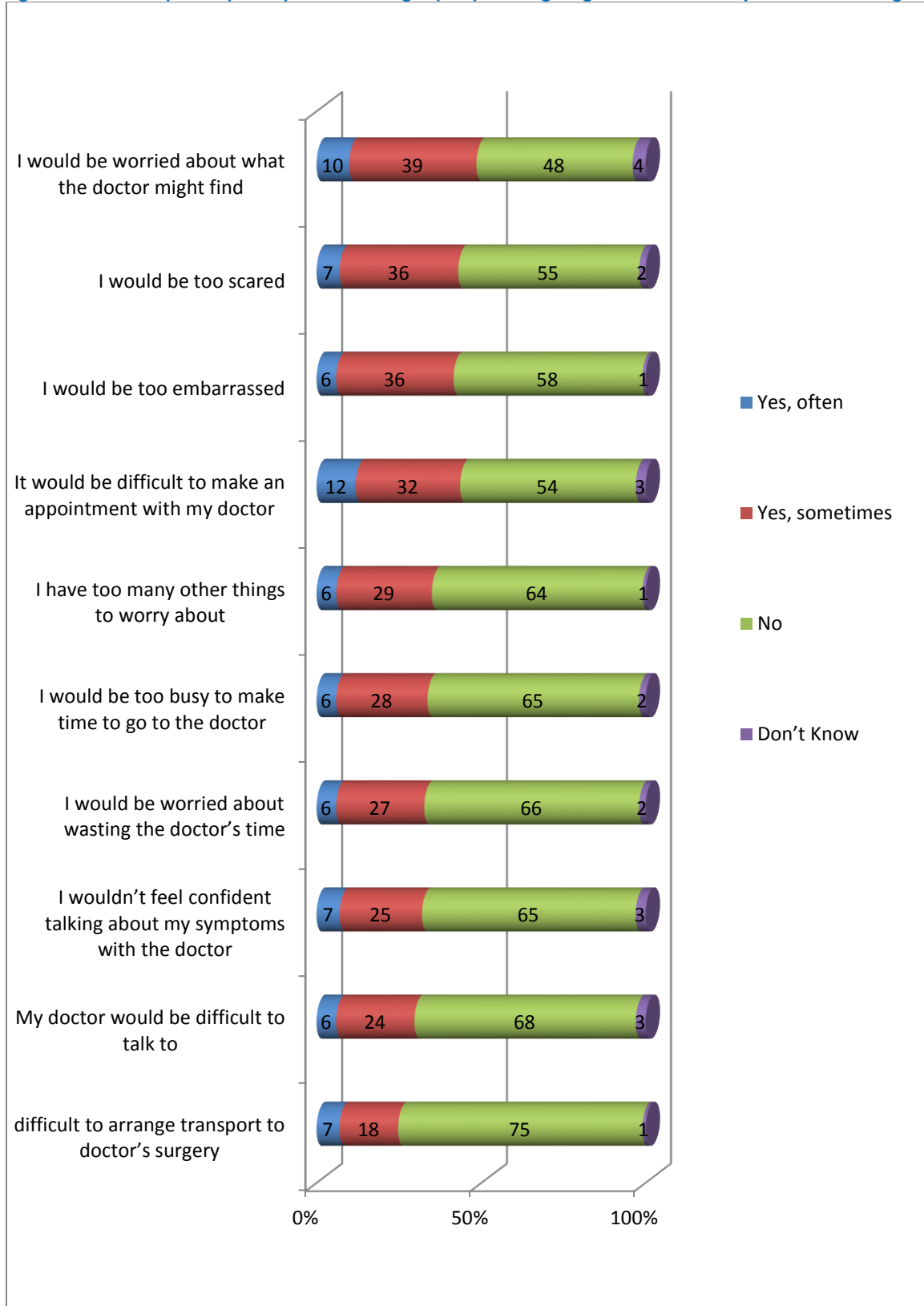
Sometimes people put off going to a doctor, even when they have a symptom they think may be serious. Given this, respondents were asked if a range of things would put them off going to see a doctor if they had serious symptoms.

Just under half (49%) of respondents said that being '...worried about what the doctor might find' would often (10%) or sometimes (39%) put them off going to a doctor if they had a symptom which may be serious. Approximately four out of ten (43%) respondents

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said they would be often (7%) or sometimes (36%) too scared, with similar numbers citing embarrassment [42%] (often, 6%: sometimes, 36%) and that it would be difficult to make an appointment with a doctor [44%] (often, 12%: sometimes, 32%).

Figure 10: Could you say if any of these might put you off going to the doctor? (Base=1410: weighted)



2.6.1 Barriers to Help Seeking and Comparisons with Other Surveys

With the exception of being worried about wasting the doctor's time, a greater proportion of respondents in this current survey, compared with both ONS surveys, listed each of the items in Table 2.25 as a barrier to seeking help for symptoms which might be serious.

	ONS (2008)	ONS (2010)	PHA (2014)
	%	%	%
I would be too embarrassed	21	17	42
I would be too scared	25	23	43
I would be worried about wasting the doctor's time	38	26	33
My doctor would be difficult to talk to	13	14	29
It would be difficult to make an appointment with my doctor	41	37	44
I would be too busy to make time to go to the doctor	28	21	33
I have too many other things to worry about	22	18	35
It would be difficult for me to arrange transport to the doctor's surgery	5	5	24
I would be worried about what the doctor might find	37	37	48
I wouldn't feel confident talking about my symptoms with the doctor	12	10	33
Base	2216	2090	1410

In the current survey there were a number of statistically significant differences by different respondent groups:

Barrier: I would be too embarrassed

- Younger respondents were more likely to say this barrier would often or sometimes put them off going to see a doctor (16-29, 53%; 30-49, 40%; 50-64, 37%; 65+, 36%, $p \leq 0.001$);
- Those with qualifications other than degree level or equivalent were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 39%; medium, 45%; low, 39%, $p \leq 0.05$);
- Residents in the Belfast Trust were more likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 52%; Northern, 33%; S Eastern, 47%; Southern, 43%; Western, 37%, $p \leq 0.001$);

Barrier: I would be too scared

- Younger respondents were more likely to say this barrier would often or sometimes put them off going to see a doctor (16-29, 59%; 30-49, 39%; 50-64, 38%; 65+, 37%, $p \leq 0.001$);
- Those with qualifications other than degree level or equivalent were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 38%; medium, 48%; low, 40%, $p \leq 0.01$);
- Respondents living in areas of lower deprivation were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 38%; medium, 42%; low, 49%, $p \leq 0.001$);

Barrier: I would be worried about wasting the doctor's time

- Younger respondents were more likely to say this barrier would often or sometimes put them off going to see a doctor (16-29, 41%; 30-49, 29%; 50-64, 32%; 65+, 31%, $p \leq 0.01$);
- Respondents living in areas with average levels of deprivation were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 32%; medium, 37%; low, 29%, $p \leq 0.01$);
- Respondents living in the Belfast Trust were less likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 20%; Northern, 29%; S Eastern, 42%; Southern, 40%; Western, 34%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were less likely to say this barrier would often or sometimes put them off going to see a doctor (31% vs. 39%, $p \leq 0.05$);

Barrier: My doctor would be difficult to talk to

- Younger respondents were more likely to say this barrier would often or sometimes put them off going to see a doctor (16-29, 37%; 30-49, 27%; 50-64, 30%; 65+, 21%, $p \leq 0.001$);
- Respondents in social classes C2DE (32%) were more likely to say this barrier would often or sometimes put them off going to see a doctor (ABC1, 26%, $p \leq 0.05$);
- Respondents living in less deprived areas were less likely to say this barrier would often or sometimes put them off going to see a doctor (high, 33%; medium, 31%; low, 24%, $p \leq 0.05$);
- Respondents living in the Belfast Trust were less likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 11%; Northern, 16%; S Eastern, 39%; Southern, 42%; Western, 43%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends) were less likely to say this barrier would often or sometimes put them off going to see a doctor (28% vs. 36%, $p \leq 0.05$);

Barrier: It would be difficult to make an appointment with my doctor

- Respondents living in less deprived areas were less likely to say this barrier would often or sometimes put them off going to see a doctor (high, 45%; medium, 49%; low, 38%, $p \leq 0.01$);
- Respondents living in the Western Trust were more likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 24%; Northern, 36%; S Eastern, 52%; Southern, 50%; Western, 61%, $p \leq 0.001$);

Barrier: I would be too busy to make time to go to the doctor

- Older respondents were less likely to say this barrier would often or sometimes put them off going to see a doctor (16-29, 37%; 30-49, 36%; 50-64, 35%; 65+, 23%, $p \leq 0.01$);

- Respondents educated to degree level of equivalent were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 41%; medium, 34%; low, 23%, $p \leq 0.001$);
- Respondents living in areas with average levels of deprivation were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 34%; medium, 41%; low, 26%, $p \leq 0.001$);
- Respondents living in the Belfast Trust were less likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 20%; Northern, 26%; S Eastern, 43%; Southern, 46%; Western, 35%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends) were more likely to say this barrier would not put them off going to see a doctor (66% vs. 60%, $p \leq 0.001$);

Barrier: I have too many other things to worry about

- Older respondents were less likely to say this barrier would often or sometimes put them off going to see a doctor (16-29, 35%; 30-49, 38%; 50-64, 38%; 65+, 26%, $p \leq 0.01$);
- Respondents educated to degree level of equivalent were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 42%; medium, 35%; low, 26%, $p \leq 0.001$);
- Those living in areas with average levels of deprivation were more likely to say this barrier would often or sometimes put them off going to see a doctor (high, 35%; medium, 41%; low, 30%, $p \leq 0.05$);
- Residents in the Belfast Trust area were less likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 19%; Northern, 31%; S Eastern, 45%; Southern, 44%; Western, 36%, $p \leq 0.001$);

Barrier: It would be difficult for me to arrange transport to the doctor's surgery

- Respondents living in the Southern and South Eastern Trust areas were more likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 9%; Northern, 9%; S Eastern, 45%; Southern, 41%; Western, 23%, $p \leq 0.001$);

Barrier: I would be worried about what the doctor might find

- Respondents living in the Western Trust area were more likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 58%; Northern, 36%; S Eastern, 42%; Southern, 43%; Western, 73%, $p \leq 0.001$);

Barrier: I wouldn't feel confident talking about my symptoms with the doctor

- Younger respondents were more likely to say this barrier would often or sometimes put them off going to see a doctor (16-29, 44%; 30-49, 30%; 50-64, 31%; 65+, 26%, $p \leq 0.001$);

- Respondents with no formal educational qualifications were less likely to say this barrier would often or sometimes put them off going to see a doctor (high, 33%; medium, 37%; low, 25%, $p \leq 0.01$);
- Respondents living in the Belfast and Northern Trust areas were less likely to say this barrier would often or sometimes put them off going to see a doctor (Belfast, 20%; Northern, 19%; S Eastern, 49%; Southern, 45%; Western, 37%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends) were less likely to say this barrier would not put them off going to see a doctor (32% vs. 37%, $p \leq 0.001$);

2.6.2 Other Barriers to Putting off going to see a Doctor

Four percent (4%) of respondents identified other things which might put them off going to see a doctor and these included: a male doctor (n=7); being too busy (n=1); female doctors (n=4); if I have to tell the doctor what is wrong with me (n=1); it might go away (n=1); long wait (n=1); looking at my body [male] (n=1); new doctor (n=1); and, going to see a doctor on my own (n=1).

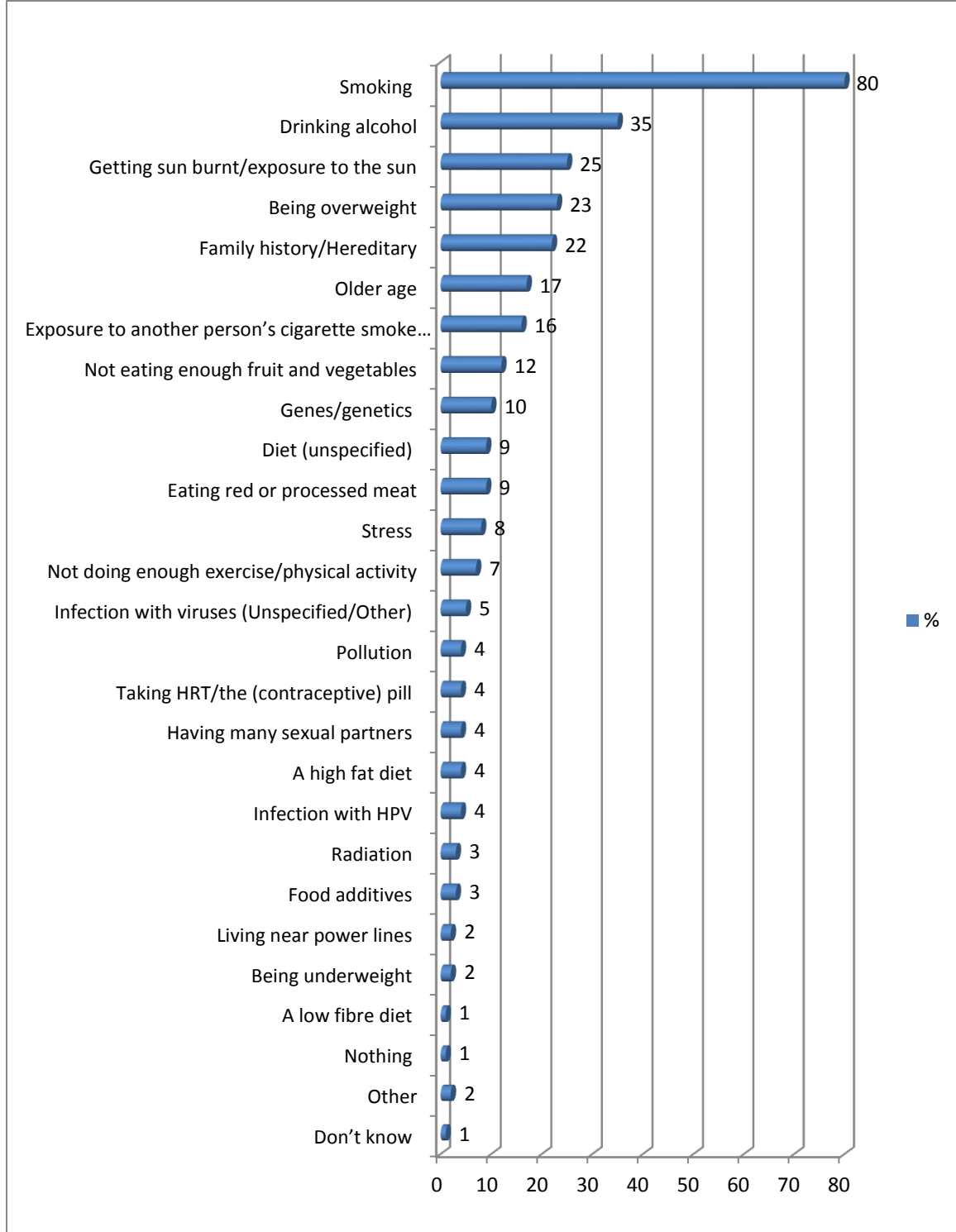
2.7 Awareness of Risk Factors

Respondents were asked both prompted and unprompted to list the risk factors which affect a person's chance of developing cancer.

2.7.1 Unprompted Awareness of Risk Factors

Unprompted, the most common risk factor mentioned was smoking (80%), followed by drinking alcohol (35%), and getting sunburnt / exposure to the sun (25%).

Figure 11: What things do you think affect a person's chance of developing cancer? (Base=1410: weighted)



2.7.2 Comparison with other Surveys - Unprompted Awareness of Risk Factors

Table 2.26 compares unprompted awareness of different cancer risk factors between the PHA survey and other surveys.

The largest variation between the current survey and other surveys relates to being overweight or obese with 23% of respondents in the current survey citing this risk factor compared with 8% in the 2008 ONS survey and 10% in the 2010 ONS Survey.

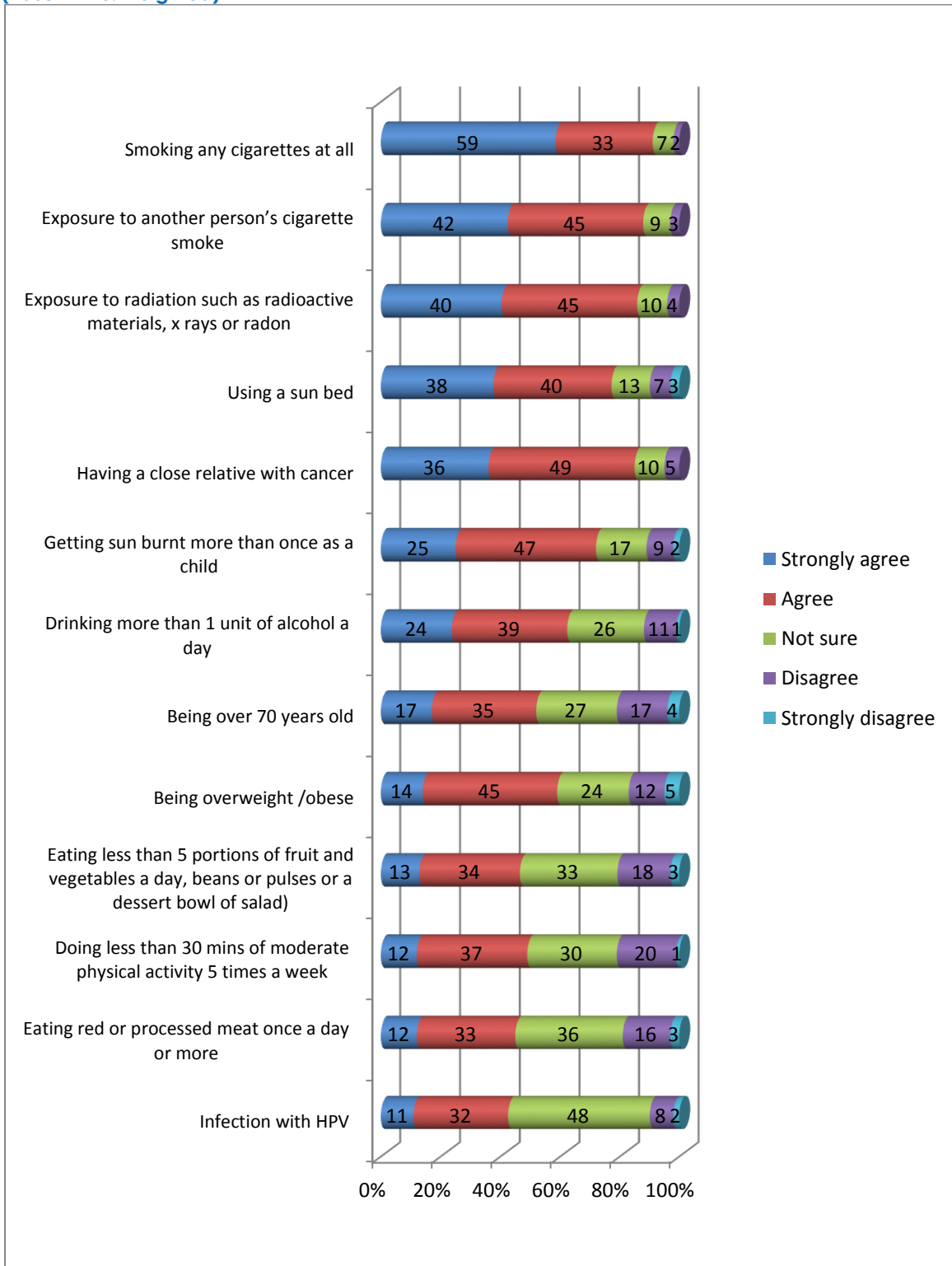
The smallest difference relates to getting sun burnt, with the same number of respondents in the current survey citing this risk factor as did in the 2010 ONS survey.

Table 2.26: Unprompted recall of cancer risk factors (Comparisons with other surveys)			
	ONS (2008)	ONS (2010)	PHA (2014)
	%	%	%
Smoking	82	83	80
Exposure to another person's cigarette smoke (passive smoking)	14	10	16
Drinking alcohol	34	43	35
Not eating enough fruit and vegetables	6	6	12
Eating red or processed meat	4	4	9
Being overweight	8	10	23
Getting sun burnt/exposure to the sun	26	26	25
Older age	4	4	17
Family history/having a close relative with cancer/Hereditary	24	22	22
Infection with HPV (human papilloma virus)	1	1	4
Not doing enough exercise/physical activity	12	15	7
Don't know	-	5	1
Base	2216	2090	1410

2.7.3 Prompted Awareness of Risk Factors

Respondents were informed of some of the things that experts say can increase a person's chance of developing cancer and asked if they agreed or disagreed with each. When prompted, 92% either strongly agreed or agreed that smoking any cigarettes at all can increase a person's chance of developing cancer, with 87% agreeing that exposure to another person's cigarette smoke is a risk factor.

Figure 12: How much do you agree that each of these can increase the chance of getting cancer? (Base=1410: weighted)



2.7.4 Comparison with other Surveys - Prompted Awareness of Risk Factors

Comparing prompted awareness of cancer risk factors in the current survey with the ONS survey in 2010 shows a greater proportion of respondents in the current survey recognised each of the risk factors listed in Table 2.27 below.

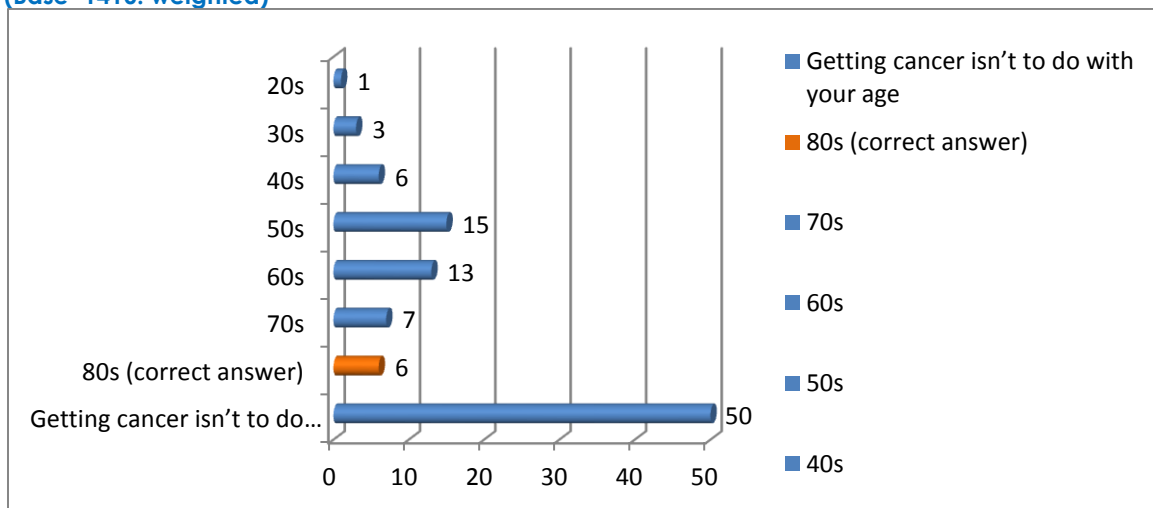
	ONS (2008)	ONS (2010)	PHA (2014)
	%	%	%
Smoking	85	93	91
Exposure to another person's cigarette smoke (passive smoking)	76	81	87
Drinking alcohol	25	-	63
Not eating enough fruit and vegetables	26	-	46
Eating red or processed meat	24	-	45
Being overweight	49	-	59
Getting sun burnt/exposure to the sun	58	-	72
Older age ¹⁶	36	-	52
Family history/having a close relative with cancer/Hereditary	61	-	85
Infection with HPV (human papilloma virus)	22	-	43
Not doing enough exercise/physical activity	22	-	49
Base	2216	2090	1410

2.8 Awareness of the Association between Age and Chance of Developing Cancer

All respondents were asked to say in the next year which age group is most likely to develop cancer.

Overall, 6% of respondents correctly indicated that someone in their 80's is most likely to develop cancer, with half (50%) of all respondents of the opinion that the chance of developing cancer is unrelated to age.

Figure 13: In the next year, who is most likely to develop cancer? Someone in their...? (Base=1410: weighted)



Analysis by respondent background characteristics found that those living in the Southern Trust area were more likely to correctly say that someone in their 80's has a greater chance of developing cancer (Belfast, 3%; Northern, 2%; S Eastern, 6%; Southern, 11%; Western, 10%, p<=0.001), with those not exposed to cancer (self, family

¹⁶ Note that comparator in the 2008 survey was being over 70 years old

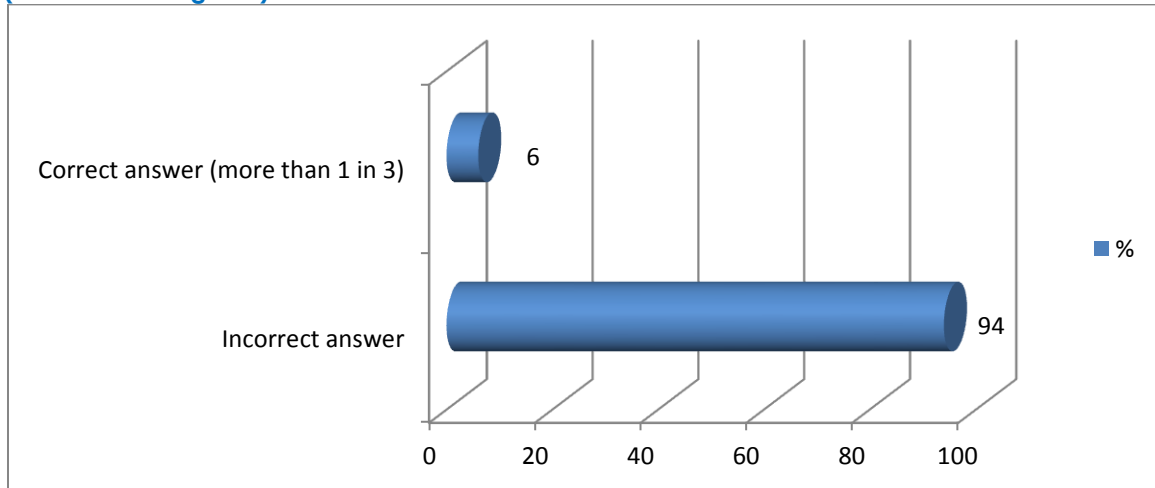
or friends) also more likely to correctly say that those in their 80's are at greater risk (9% vs. 5%, $p \leq 0.05$).

2.9 Knowledge of Number of People Developing Cancer at Some Point in Lifetime

All respondents were shown a picture of 100 people and asked how many they thought will develop cancer at some point in their lifetime.

Six percent of respondents correctly indicated that more than one in three (around 35 out of 100 people) will develop cancer at some point in their lifetime.

Figure 14: Out of 100 people, how many do you think will develop cancer at some point in their life? (Base=1410: weighted)

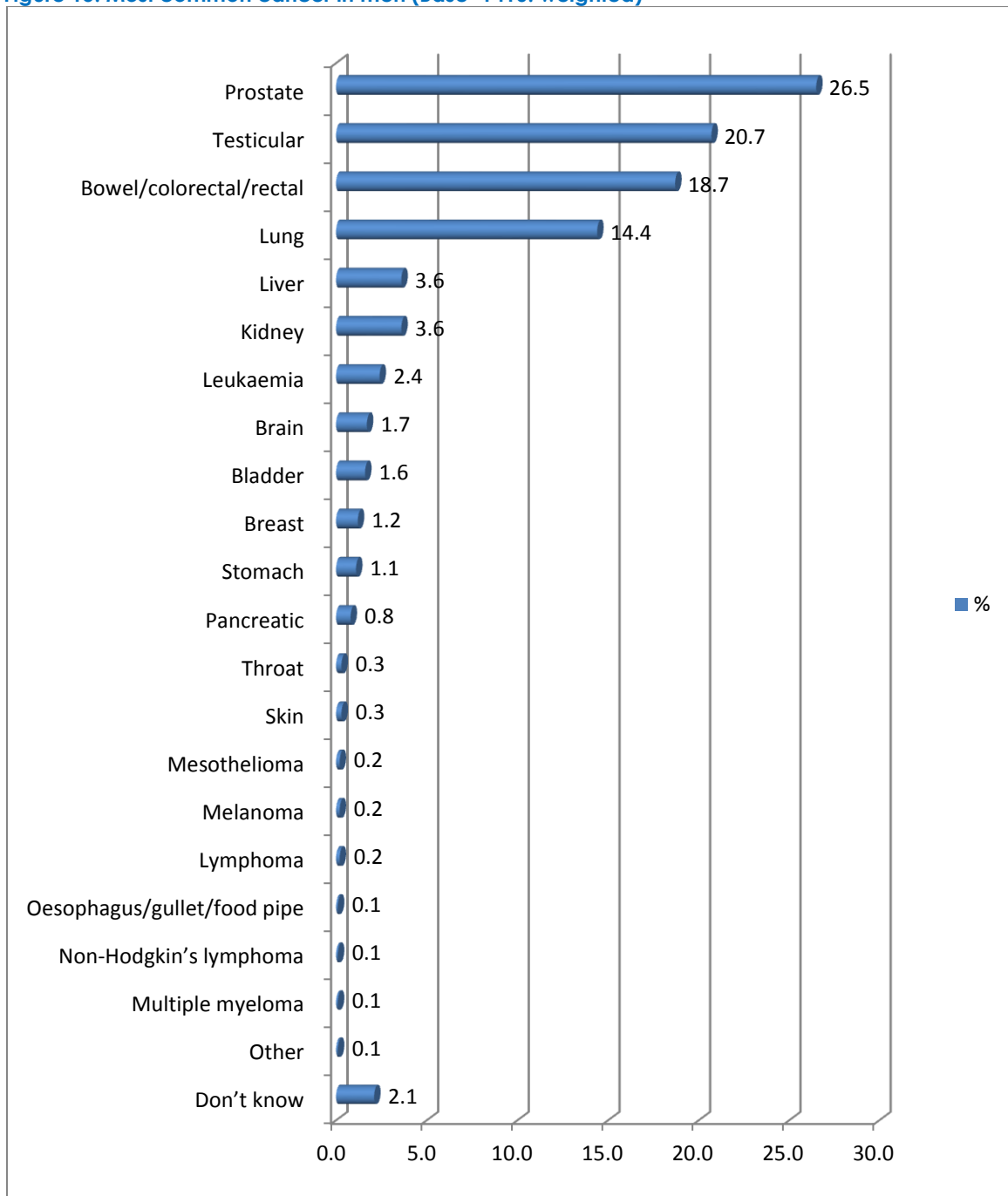


Residents in the Belfast Trust were more likely to correctly say that more than 1 in 3 people will develop cancer in their lifetime (Belfast, 12%; Northern, 2%; S Eastern, 4%; Southern, 8%; Western, 4%, $p \leq 0.001$). There were no other statistically significant differences.

2.10 Awareness of the Most Common Cancer in Men

When asked to identify the most common cancer in men, 27% of respondents said prostate cancer, with 21% saying testicular cancer and 19% saying bowel/ colorectal / rectal cancer. The most common cancer in men is prostate cancer.

Figure 15: Most common cancer in men (Base=1410: weighted)

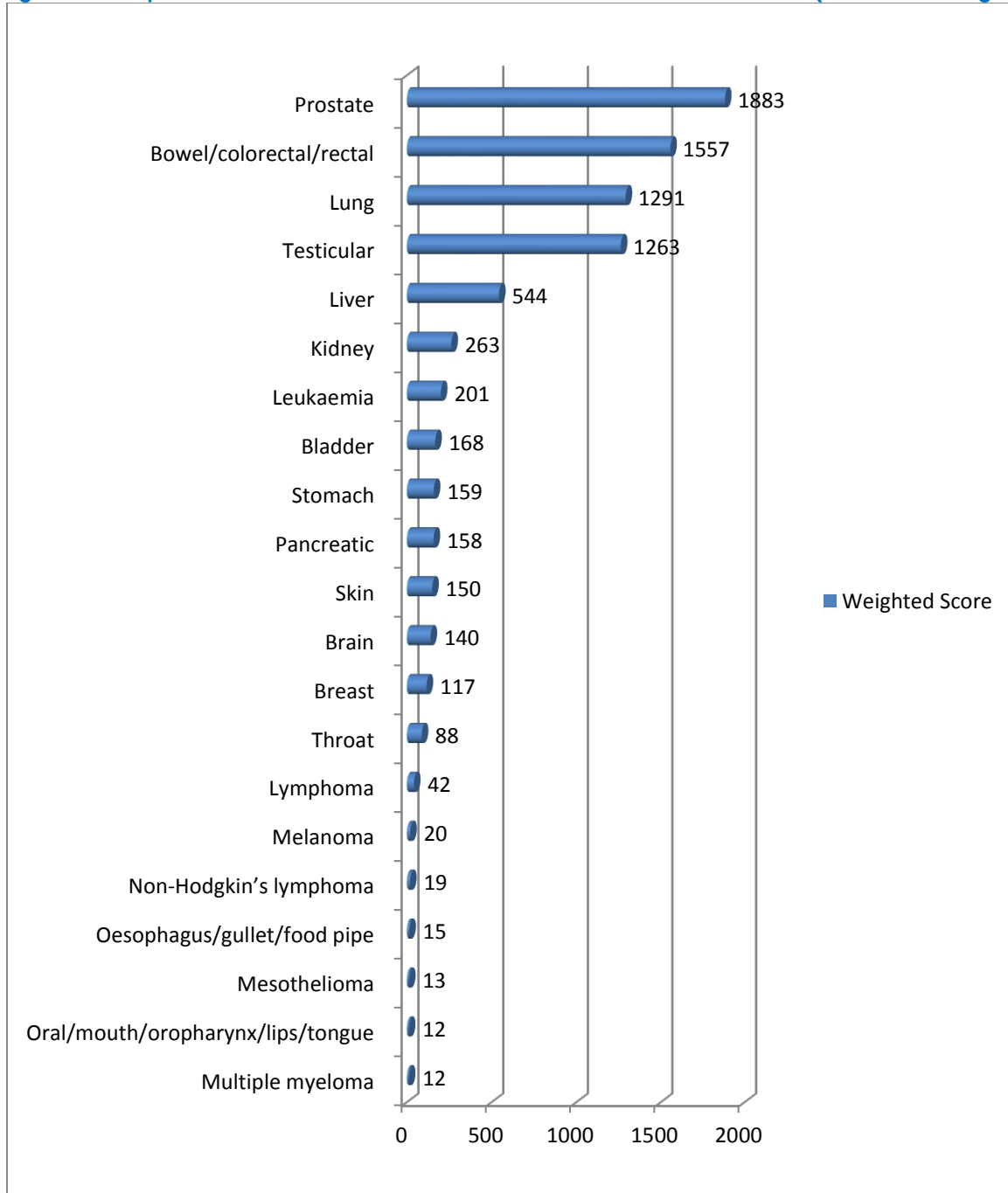


2.10.1 Awareness of the Top 3 Most Common Cancers in Men

After being asked to say what the most common cancer in men in Northern Ireland is, respondents were then asked to say what they believe to be the second and third most common cancers in men.

Using a weighted score approach¹⁷, the three most commonly cited cancers in rank order were: prostate; bowel / colorectal / rectal; and, lung cancer. This is consistent with the actual profile of the most common cancers in men in Northern Ireland.

Figure 16: Respondent ranked three most common cancers in men in N Ireland (Base=1430: weighted)

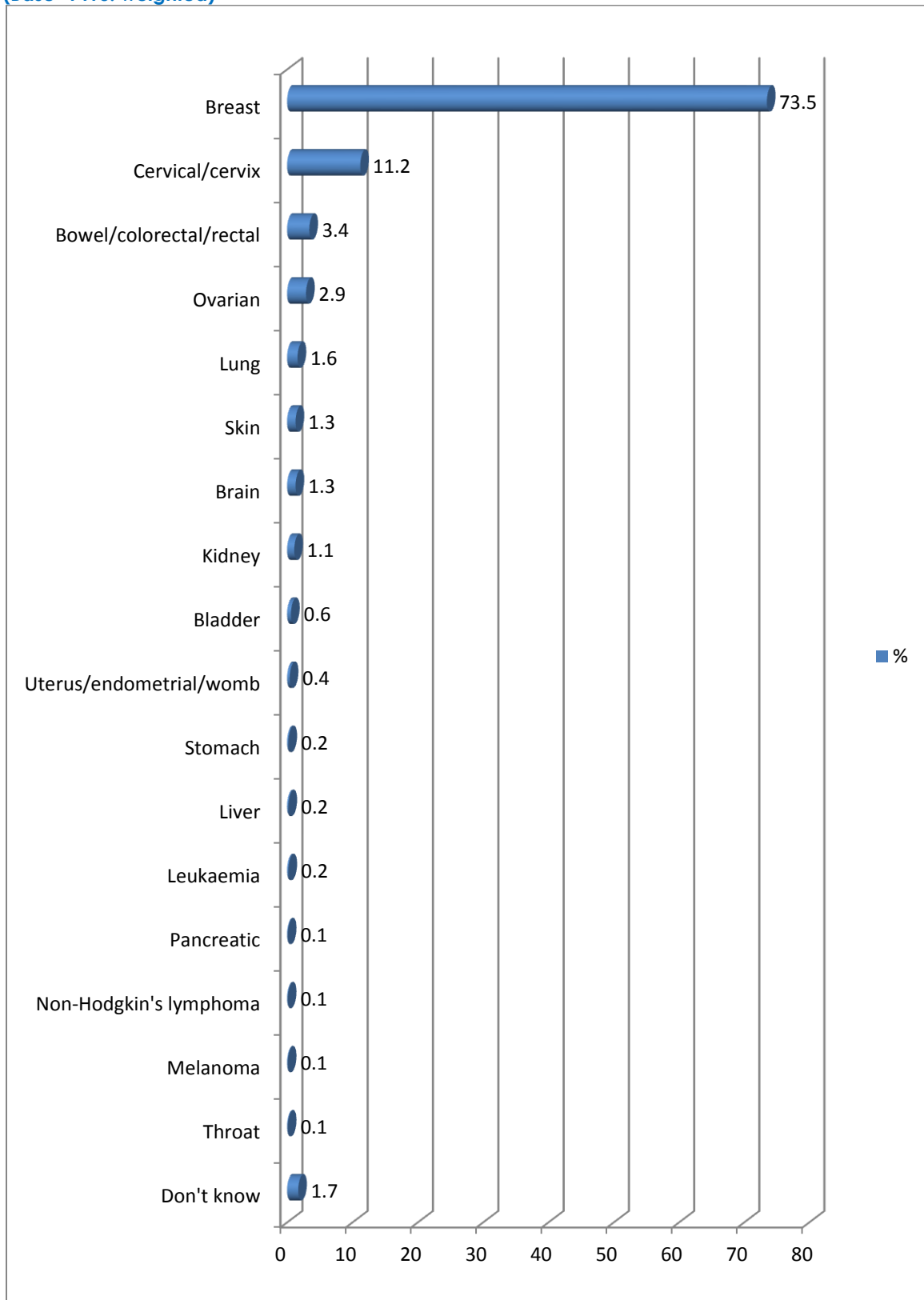


¹⁷ The most common cancer listed was given a value of 3, the second most common cancer a value of 2 and the third most common cancer was given a value of 1. The scores were summed for each cancer to identify the 3 most commonly cited cancers.

2.11 Awareness of the Most Common Cancer in Women

When asked to identify the most common cancer in women in Northern Ireland, 74% of respondents said breast cancer, with 11% saying cervical / cervix cancer and 3% saying bowel/ colorectal / rectal cancer. In Northern Ireland the most common cancer in women is breast cancer.

Figure 17: What do you think is the most common cancer in women in Northern Ireland? (Base=1410: weighted)

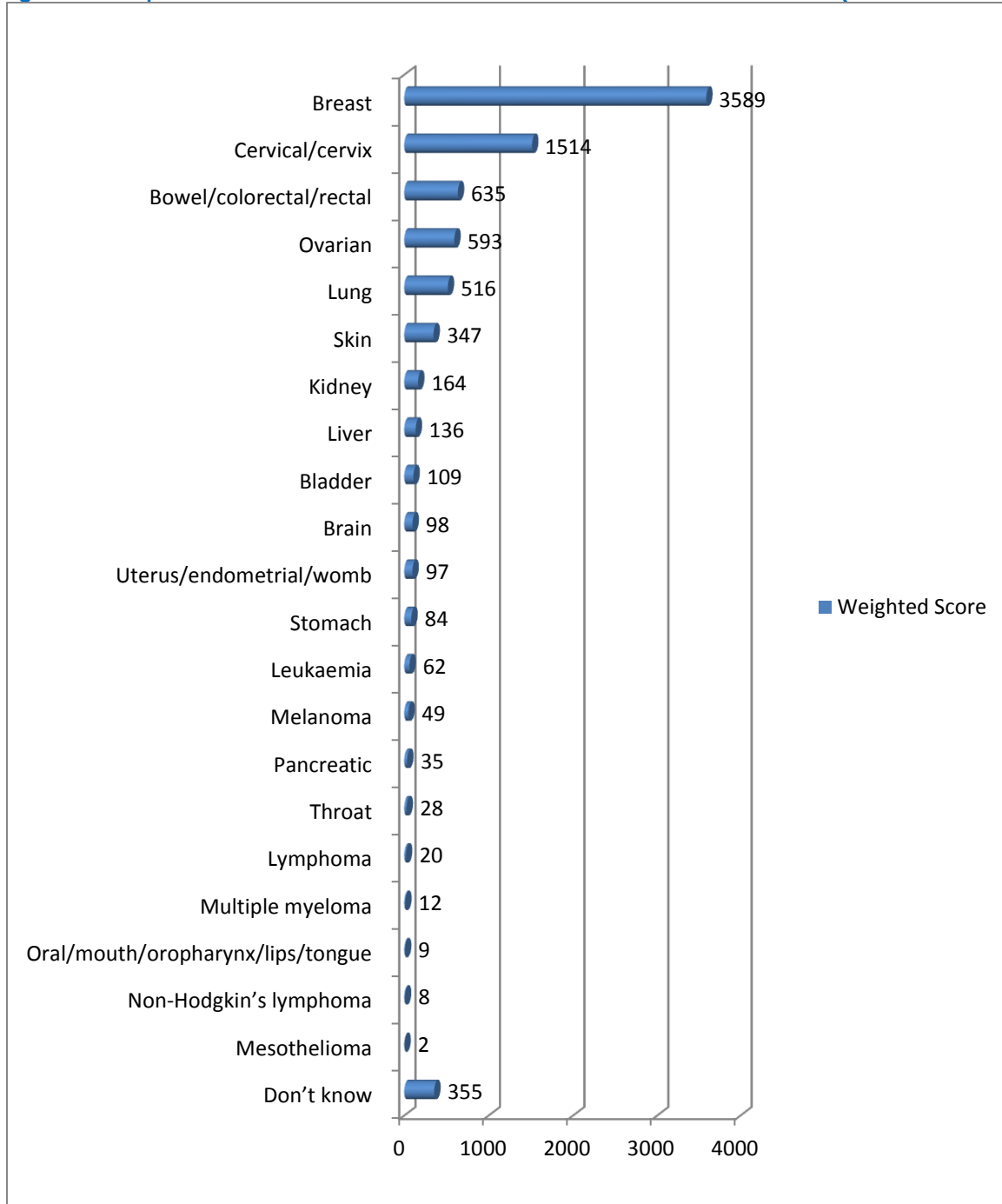


2.11.1 Awareness of the Top 3 Most Common Cancers in Women

After being asked to say what the most common cancer in women is, respondents were then asked to say what they believe to be the second and third most common cancers in women.

Using a weighted score approach¹⁸, the three most commonly cited cancers in rank order were: breast; cervical / cervix; and, bowel / colorectal / rectal cancer. The actual profile of the three most common cancers in women in Northern Ireland, in rank order, is: breast; bowel / colorectal / rectal; and, lung cancer.

Figure 18: Respondent ranked three most common cancers in women in N Ireland (Base=1430: weighted)



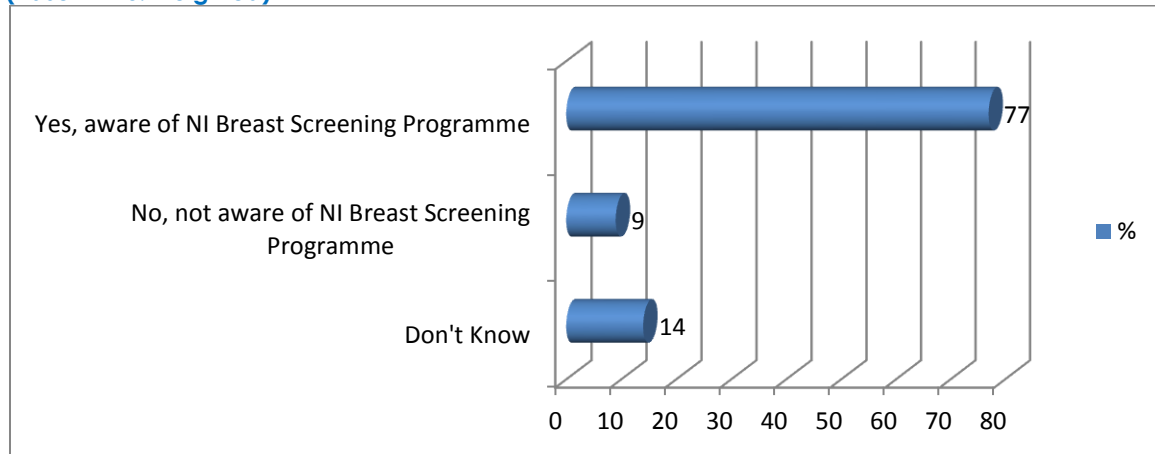
¹⁸ The most common cancer listed was given a value of 3, the second most common cancer a value of 2 and the third most common cancer was given a value of 1. The scores were summed for each cancer to identify the 3 most commonly cited cancers.

2.12 Northern Ireland Breast Cancer Screening Programme

2.12.1 Awareness of Northern Ireland Breast Screening Programme

Approximately three out of four (77%) respondents said they are aware of the Northern Ireland Breast Screening Programme.

Figure 19: As far as you are aware, is there a Northern Ireland Breast Cancer Screening Programme? (Base=1410: weighted)



Across the whole sample (n=1410), there were a number of statistically significant differences:

- Women were more likely to be aware of the NI Breast Screening Programme (89% vs. 64%, $p \leq 0.001$);
- Younger respondents were less likely to be aware of the NI Breast Screening Programme (16-29, 69%; 30-49, 81%; 50-64, 79%; 65+, 79%, $p \leq 0.001$);
- Respondents living in less deprived areas were more likely to be aware of the NI Breast Screening Programme (high, 73%; medium, 75%; low, 82%, $p \leq 0.01$);
- Respondents living in the Southern Trust area were less likely to be aware of the NI Breast Screening Programme (Belfast, 86%; Northern, 79%; S Eastern, 69%; Southern, 66%; Western, 86%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends) were more likely to be aware of the NI Breast Screening Programme (79% vs. 70%, $p \leq 0.01$);

Specifically among women there were also a number of statistically significant differences:

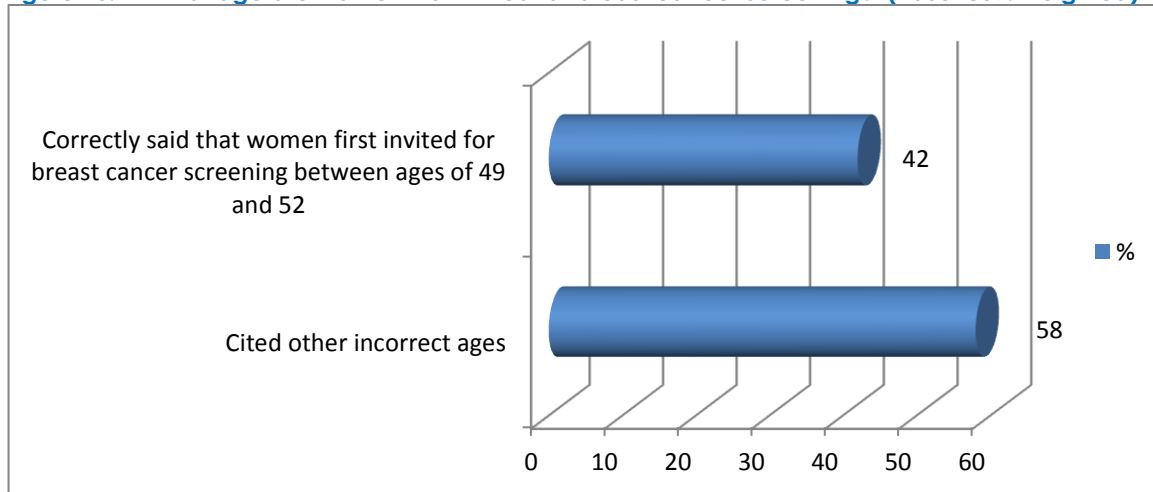
- Younger women were less likely to be aware of the NI Breast Screening Programme (16-29, 81%; 30-49, 94%; 50-64, 92%; 65+, 88%, $p \leq 0.001$);
- Women exposed to cancer (self, family or friends) were more likely to be aware of the NI Breast Screening Programme (91% vs. 85%, $p \leq 0.05$);

2.12.2 Awareness of Age of Women when first invited for Breast Screening

Respondents aware of the Northern Ireland Breast Screening Programme were asked to say what age women are when first invited for breast cancer screening.

Excluding those who answered don't know, 42% of the remaining respondents (n=807) correctly cited ages between 49 and 52 when women are first invited for breast cancer screening.

Figure 20: At what age are women first invited for breast cancer screening? (Base=807: weighted)



There were a number of statistically significant differences among respondent groups:

- Women (48% vs. 29%, $p \leq 0.001$) were more likely to cite an age within the correct age band (49-52);
- Younger respondents (16-29, 27%; 30-49, 44%; 50-64, 52%; 65+, 41%, $p \leq 0.001$) were less likely to cite an age within the correct age band (49-52);
- Respondents living in the Belfast Trust area were less likely to cite an age within the correct age band (49-52) [Belfast, 23%; Northern, 57%; S Eastern, 41%; Southern, 47%; Western, 40%, $p \leq 0.001$];

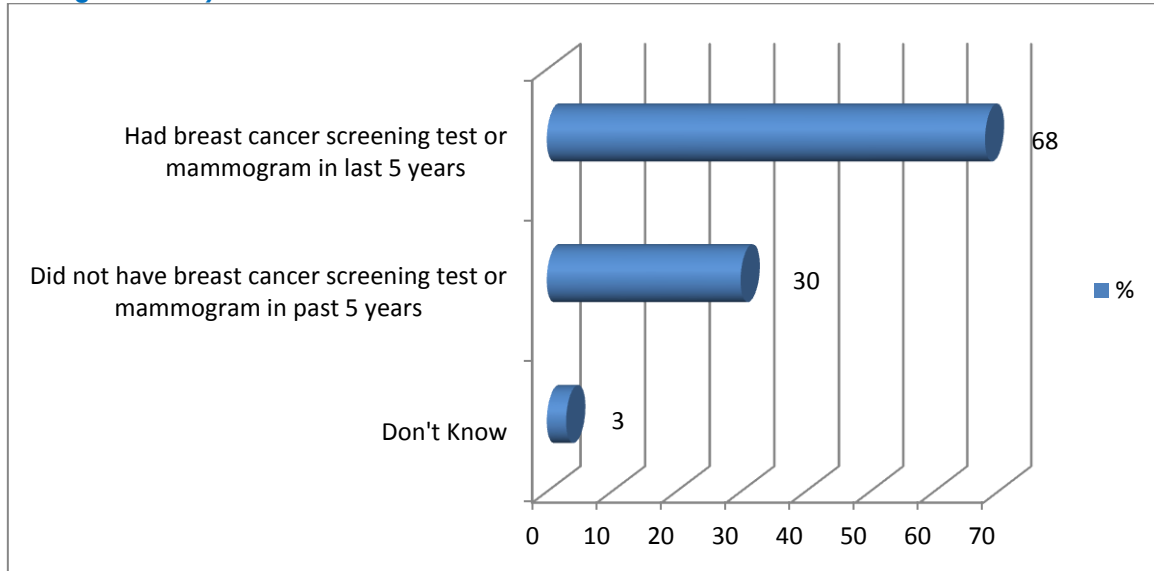
Specifically among women there were also a number of statistically significant differences:

- Younger women were less likely to cite an age within the correct age band (49-52) [16-29, 37%; 30-49, 49%; 50-64, 58%; 65+, 43%, $p \leq 0.01$];
- Women living in the Belfast Trust area were less likely to cite an age within the correct age band (49-52) [Belfast, 23%; Northern, 60%; S Eastern, 45%; Southern, 56%; Western, 50%, $p \leq 0.001$];

2.12.3 Prevalence of Breast Cancer Screening Tests in Last 5 Years (Women Aged 49+)

Approximately two out of three (68%) women aged 49+ said they had a breast cancer screening test or mammogram in the past 5 years, with 30% saying they did not and 3% unsure.

Figure 21: Have you had a breast cancer screening test or mammogram in the past 5 years? (Base=391: unweighted data)



The only statistically significant difference related to exposure to cancer, with women exposed to cancer (self, family or friend) more likely to report having had a breast cancer screening test or mammogram in the past 5 years (70% vs. 48%, $p \leq 0.001$).

2.12.4 Attitudes to Breast Cancer Screening

All women in the survey were presented with a number of statements on breast cancer screening and asked if they agreed or disagreed with each.

Overall 89% of women agreed with the statement 'breast cancer screening could reduce my chance of dying from breast cancer', with lower levels of agreement for the statements 'I would be so worried about what might be found at breast cancer screening that I would prefer not to have it' (33%) and 'breast cancer screening is only necessary if I have symptoms' (21%).

Table 2.28: Thinking about breast cancer screening (mammograms), can you tell me how much you agree or disagree with each of the following statements? (Base=692: all women: unweighted)

	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
	%	%	%	%	%
Breast cancer screening could reduce my chance of dying from breast cancer	52	37	6	3	2
I would be so worried about what might be found at breast cancer screening that I would prefer not to have it	7	26	33	33	1
Breast cancer screening is only necessary if I have symptoms	5	16	32	43	4

There were a number of statistically significant differences between different groups of women:

STATEMENT: I would be so worried about what might be found at breast cancer screening that I would prefer not to have it

- Women living in the Western Trust area were more likely to agree with this statement [Belfast, 30%; Northern, 23%; S Eastern, 33%; Southern, 39%; Western, 45%, p<=0.01];
- Women exposed to cancer (self, family or friends) were more likely disagree with this statement (67% vs. 61%, p<=0.001);

STATEMENT: Breast cancer screening is only necessary if I have symptoms

- Women living in less deprived areas were less likely to agree with this statement (high, 20%; medium, 29%; low, 16%, p<=0.05);
- Women living in the Belfast Trust area were more likely to disagree with this statement [Belfast, 90%; Northern, 74%; S Eastern, 72%; Southern, 64%; Western, 76%, p<=0.001];

STATEMENT: Breast cancer screening could reduce my chance of dying from breast cancer

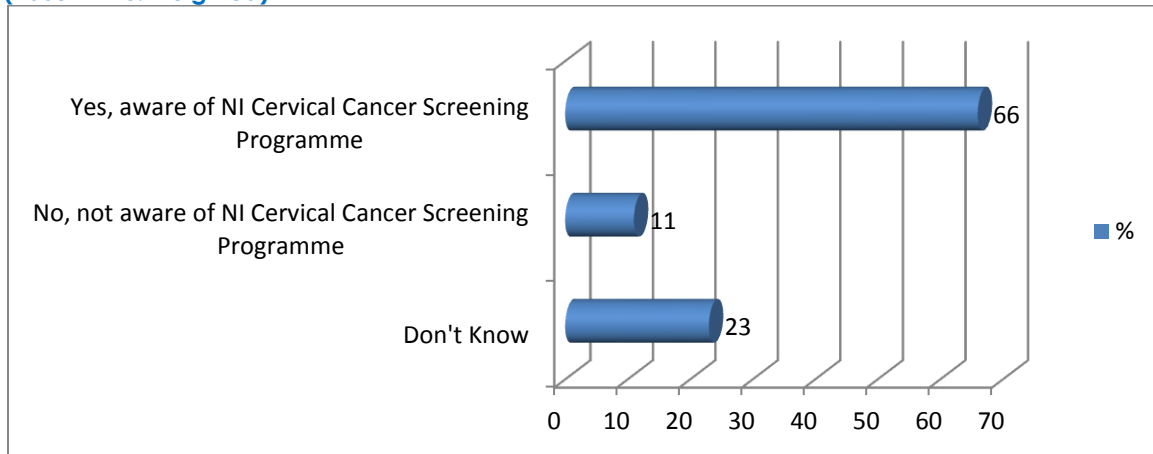
- Women with a higher level of educational attainment were less likely to agree with this statement (high, 82%; medium, 93%; low, 89%, p<=0.001);
- Women living in the Western Trust area were more likely to agree with this statement [Belfast, 81%; Northern, 94%; S Eastern, 88%; Southern, 87%; Western, 96%, p<=0.001];

2.13 Northern Ireland Cervical Cancer Screening Programme

2.13.1 Awareness of the Northern Ireland Cervical Cancer Screening Programme

Approximately two out of three (66%) respondents said they are aware of the Northern Ireland Cervical Cancer Screening Programme.

Figure 22: As far as you are aware, is there a Northern Ireland Cervical Cancer Screening Programme? (Base=1410: weighted)



Across the whole sample (n=1410), there were a number of statistically significant differences:

- Women were more likely to be aware of the NI Cervical Cancer Screening Programme (81% vs. 51%, $p \leq 0.001$);
- Younger respondents were less likely to be aware of the NI Cervical Cancer Screening Programme (16-29, 56%; 30-49, 72%; 50-64, 67%; 65+, 69%, $p \leq 0.001$);
- Respondents in higher social classes (ABC1, 68%; C2DE, 65%, $p \leq 0.01$) were more likely to be aware of the NI Cervical Cancer Screening Programme;
- Respondents living in less deprived areas were more likely to be aware of the NI Cervical Cancer Screening Programme (high, 60%; medium, 63%; low, 76%, $p \leq 0.001$);
- Respondents living in the Belfast Trust area were more likely to be aware of the NI Cervical Cancer Screening Programme (Belfast, 77%; Northern, 71%; S Eastern, 57%; Southern, 57%; Western, 70%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends) were more likely to be aware of the NI Cervical Cancer Screening Programme (68% vs. 60%, $p \leq 0.05$);

Specifically among women there were also a number of statistically significant differences (note that this analysis is based on unweighted data):

- Women in the target age group for cervical screening (aged 25+) were more likely to be aware of the NI Cervical Cancer Screening Programme compared with women in other age groups (82% vs. 69%, $p \leq 0.05$);
- Younger women were less likely to be aware of the NI Cervical Cancer Screening Programme (16-29, 70%; 30-49, 87%; 50-64, 85%; 65+, 79%, $p \leq 0.01$);

- Women living in less deprived areas were more likely to be aware of the NI Cervical Cancer Screening Programme (high, 74%; medium, 81%; low, 88%, $p \leq 0.01$);
- Women living in the Belfast Trust area were more likely to be aware of the NI Cervical Cancer Screening Programme (Belfast, 88%; Northern, 84%; S Eastern, 80%; Southern, 74%; Western, 77%, $p \leq 0.05$);
- Women exposed to cancer (self, family or friends) were more likely to be aware of the NI Cervical Cancer Screening Programme (83% vs. 72%, $p \leq 0.01$);

2.13.2 Awareness of Age of Women when first invited for Cervical Cancer Screening

Respondents aware of the Northern Ireland Cervical Cancer Screening Programme were asked to say what age women are first invited for screening.

Excluding those who answered don't know, the mean age quoted by respondents (n=690) was 26, with a number of significant differences highlighted in Table 2.29.

Table 2.29 At what age are women first invited for cervical cancer screening by respondent background characteristics (Respondents aware of Cervical Cancer Screening Programme: Base=690: weighted)		Mean age quoted	N
All respondents		26	690
Sex***	Male	29	173
	Female	25	515
Age***	16-29	24	139
	30-49	26	277
	50-64	27	156
	65+	28	119
Trust area***	Belfast	24	133
	Northern	25	170
	South Eastern	26	125
	Southern	26	143
	Western	30	120
Exposed to cancer (self, family, friends)*	Yes	26	575
	No	25	115
* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$			

Among women aware of the Northern Ireland Cervical Cancer Screening Programme, 25 was the average age quoted when women are first invited to for cervical cancer screening. There were a number of statistically significant differences among these women and these are listed in Table 2.30 below.

Table 2.30 At what age are women first invited for cervical cancer screening by respondent background characteristics (Women aware of Cervical Cancer Screening Programme: Base=510: unweighted)

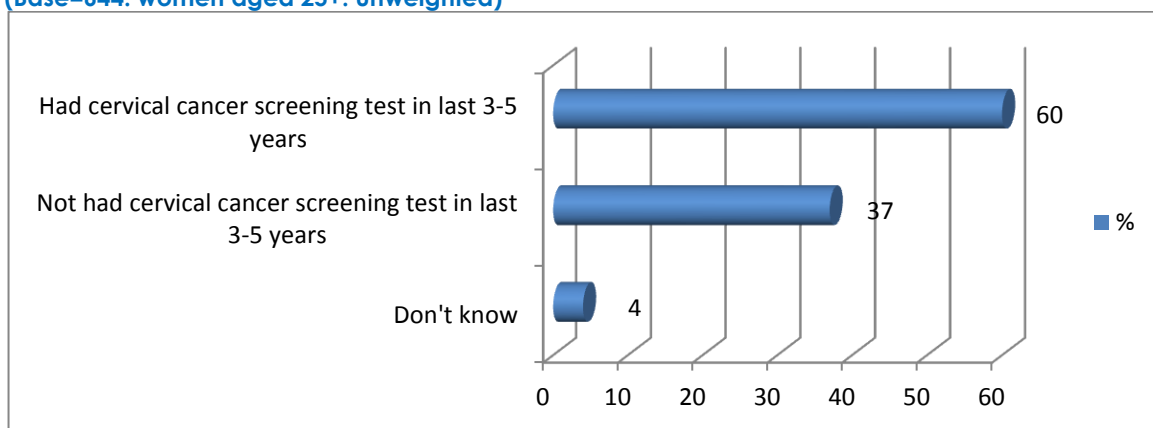
		Mean age quoted	N
All women		25	510
Age***	16-29	22	88
	30-49	25	158
	50-64	26	163
	65+	27	101
Trust area***	Belfast	23	106
	Northern	26	135
	South Eastern	26	94
	Southern	24	101
	Western	29	74
Exposed to cancer (self, family, friends)**	Yes	26	429
	No	23	81

*p≤0.05; **p≤0.01; ***p≤0.001

2.13.3 Prevalence of Cervical Cancer Screening

Six out of ten women (60%) said that they have had a cervical cancer screening test in the last 3 to 5 years, with 37% saying they have not and 4% unsure.

Figure 23: Have you had a cervical cancer screening test in the past 3 to 5 years? (Base=644: women aged 25+: unweighted)



There were a number of statistically significant differences among women aged 25+:

- Older women were less likely to have had a cervical cancer screening test in the previous 3-5 years (25-29, 74%; 30-49, 73%; 50-64, 64%; 65+, 34%, p≤0.001);

- Women with no formal education qualifications were less likely to have had a cervical cancer screening test in the previous 3-5 years (high, 69%; medium, 67%; low, 42%, $p \leq 0.001$);
- Women living in less deprived areas were more likely to have had a cervical cancer screening test in the previous 3-5 years (high, 54%; medium, 56%; low, 68%, $p \leq 0.01$);
- Women living in the Belfast Trust area were more likely have had a cervical cancer screening test in the previous 3-5 years (Belfast, 77%; Northern, 68%; S Eastern, 53%; Southern, 51%; Western, 48%, $p \leq 0.001$);

2.13.4 Attitudes of Women towards Cervical Cancer Screening

All women in the survey were presented with a number of statements relating to cervical cancer screening and asked if they agreed or disagreed with each.

Overall 89% of women agreed with the statement 'Cervical cancer screening could reduce my chance of dying from cervical cancer', with lower levels of agreement for the statements 'I would be so worried about what might be found at cervical cancer screening that I would prefer not to have it' (33%) and 'cervical cancer screening is only necessary if I have symptoms' (19%).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
	%	%	%	%	%
Cervical cancer screening could reduce my chance of dying from cervical cancer	54	35	6	3	3
I would be so worried about what might be found at cervical cancer screening that I would prefer not to have it	7	26	32	33	2
Cervical cancer screening is only necessary if I have symptoms	4	15	36	42	4

There were a number of statistically significant differences between different groups of women:

STATEMENT: Cervical cancer screening could reduce my chance of dying from cervical cancer

- Women aged 30-49 were more likely to agree with this statement (16-29, 86%; 30-49, 93%; 50-64, 89%; 65+, 84%, $p \leq 0.01$);
- Women with qualifications other than degree level or equivalent were more likely to agree with this statement (high, 86%; medium, 92%; low, 84%, $p \leq 0.001$);
- Women living in areas with average levels of deprivation were more likely to agree with this statement (high, 85%; medium, 94%; low, 86%, $p \leq 0.001$);
- Women living in the Western Trust area were more likely to agree with this statement (Belfast, 83%; Northern, 91%; S Eastern, 83%; Southern, 89%; Western, 97%, $p \leq 0.001$);
- Women exposed to cancer (self, family or friends) were more likely to agree with this statement (90% vs. 81%, $p \leq 0.01$);

STATEMENT: I would be so worried about what might be found at cervical cancer screening that I would prefer not to have it

- Women with a lower level of educational attainment were more likely to agree with this statement (high, 30%; medium, 34%; low, 36%, $p \leq 0.01$);
- Women living in the Northern Trust area were less likely to agree with this statement (Belfast, 31%; Northern, 19%; S Eastern, 38%; Southern, 42%; Western, 43%, $p \leq 0.001$);
- Women exposed to cancer (self, family or friends) were less likely to agree with this statement (33% vs. 36%, $p \leq 0.05$);

STATEMENT: Cervical cancer screening is only necessary if I have symptoms

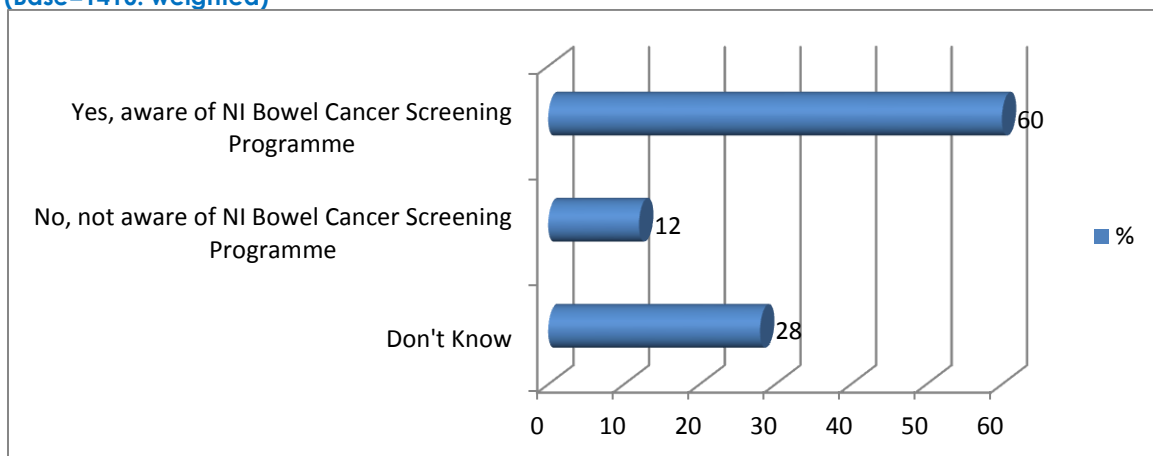
- Older and younger women were more likely to agree with this statement (16-29, 24%; 30-49, 15%; 50-64, 17%; 65+, 24%, $p \leq 0.001$);
- Women living in less deprived areas were less likely to agree with this statement (high, 21%; medium, 24%; low, 13%, $p \leq 0.05$);
- Women living in the Belfast Trust area were less likely to agree with this statement (Belfast, 8%; Northern, 17%; S Eastern, 19%; Southern, 35%; Western, 18%, $p \leq 0.001$);
- Women exposed to cancer (self, family or friends) were more likely to disagree with this statement (78% vs. 74%, $p \leq 0.05$);

2.14 Northern Ireland Bowel Cancer Screening Programme

2.14.1 Awareness of the Northern Ireland Bowel Cancer Screening Programme

Six out of ten (60%) respondents said they are aware of the Northern Ireland Bowel Cancer Screening Programme (for the purposes of comparison 23% of respondents in the ONS 2010 survey were aware of a national bowel cancer screening programme).

Figure 24: As far as you are aware, is there a Northern Ireland Bowel Cancer Screening Programme? (Base=1410: weighted)



Across the whole sample (n=1410), there were a number of statistically significant differences:

- Older respondents were more likely to be aware of the NI Bowel Cancer Screening Programme (16-29, 45%; 30-49, 58%; 50-64, 66%; 65+, 75%, $p \leq 0.001$);
- Respondents with a lower level of educational attainment were more likely to be aware of the NI Bowel Cancer Screening Programme (high, 57%; medium, 57%; low, 69%, $p \leq 0.001$);
- Respondents living in less deprived areas were more likely to be aware of the NI Bowel Cancer Screening Programme (high, 56%; medium, 55%; low, 68%, $p \leq 0.001$);
- Respondents living in the Northern Trust area were more likely to be aware of the NI Bowel Cancer Screening Programme (Belfast, 52%; Northern, 67%; S Eastern, 59%; Southern, 55%; Western, 64%, $p \leq 0.001$);
- Respondents exposed to cancer (self, family or friends) were more likely to be aware of the NI Bowel Cancer Screening Programme (63% vs. 47%, $p \leq 0.001$);
- Men and women in the target group for bowel screening (i.e. aged 60+), compared with others in the survey, were more likely to be aware of the NI Bowel Cancer Screening Programme (75% vs. 55%, $p \leq 0.001$);

2.14.2 Awareness of Age Men and Women first invited for Bowel Cancer Screening

Respondents aware of the Northern Ireland Bowel Cancer Screening Programme were asked to say what age women are first invited to for screening.

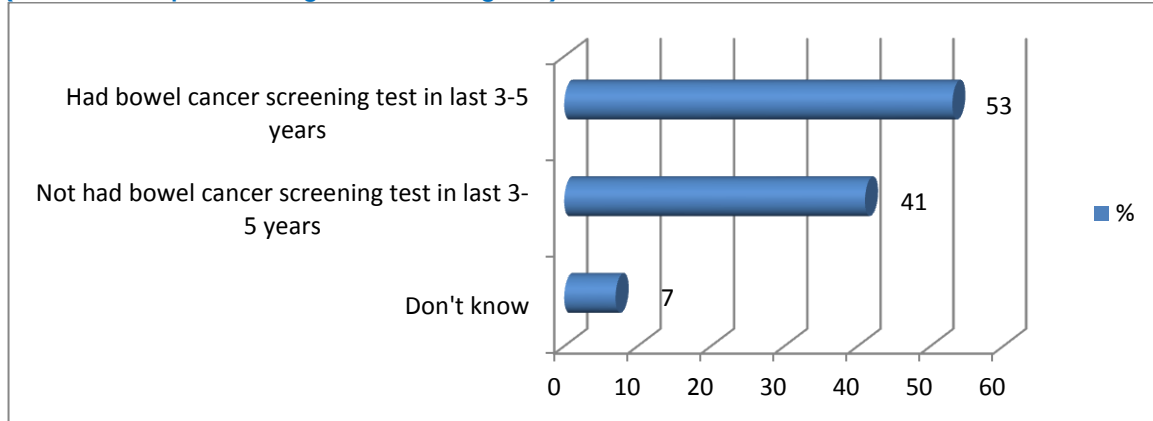
Excluding those who answered don't know, the mean age quoted by respondents (n=626) was 56, with a number of significant differences highlighted in Table 2.32.

Table 2.32 At what age are people first invited for bowel cancer screening by respondent background characteristics (Respondents aware of Cervical Cancer Screening Programme: Base=632: weighted)			
		Mean age quoted	N
All respondents		56	626
Age***	16-29	54	95
	30-49	56	204
	50-64	58	158
	65+	57	169
Trust area***	Belfast	48	83
	Northern	57	154
	South Eastern	60	132
	Southern	56	138
	Western	58	126
Aged 60+**	Yes	58	222
	No	55	404
* $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$			

2.14.3 Prevalence of Bowel Cancer Screening Among Those Aged 60+

Just over half (53%) of men and women aged 60+ said that they have had a bowel cancer screening test in the last 4 years, with 41% saying they have not had a test and 7% unsure.

Figure 25: Have you had a bowel cancer screening test in the past 4 years?
(Base=461: respondents aged 60+: unweighted)



There were a number of statistically significant differences among those aged 60+:

- Those in social classes C2DE (54%) were more likely to have had a bowel cancer screening test in the past 4 years (ABC1, 50%, $p < 0.05$);
- Respondents exposed to cancer (self, family or friends) were more likely to have had a bowel cancer screening test in the past 4 years (55% vs. 30%, $p < 0.01$);

2.14.4 Attitudes to Bowel Cancer Screening

All respondents in the survey were presented with a number of statements relating to bowel cancer screening and asked if they agreed or disagreed with each.

Overall 86% of respondents agreed with the statement 'bowel cancer screening could reduce my chance of dying from bowel cancer', with lower levels of agreement for the statements 'I would be so worried about what might be found by doing the bowel cancer screening test that I would prefer not to do it' (33%) and 'bowel cancer screening is only necessary if I have symptoms' (22%).

	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
	%	%	%	%	%
Bowel cancer screening could reduce my chance of dying from bowel cancer	48	38	8	1	5
I would be so worried about what might be found by doing the bowel cancer screening test that I would prefer not to do it	8	25	32	31	4
Bowel cancer screening is only necessary if I have symptoms	5	17	33	39	6

There were a number of statistically significant differences between different groups of women:

STATEMENT: I would be so worried about what might be found by doing the bowel cancer screening test that I would prefer not to do it

- Respondents aged 30-49 were more likely to agree with this statement (16-29, 32%; 30-49, 32%; 50-64, 36%; 65+, 33%, $p \leq 0.01$);
- Respondents living in less deprived areas were less likely to agree with this statement (high, 35%; medium, 36%; low, 28%, $p \leq 0.01$);
- Respondents living in the Northern Trust area were less likely to agree with this statement (Belfast, 32%; Northern, 20%; S Eastern, 37%; Southern, 40%; Western, 43%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were more likely to disagree with this statement (65% vs. 54%, $p \leq 0.001$);

STATEMENT: Bowel cancer screening is only necessary if I have symptoms

- Women were more likely to disagree with this statement (76% vs. 68%, $p \leq 0.001$);
- Respondents living in less deprived areas were more likely to disagree with this statement (high, 68%; medium, 69%; low, 79%, $p \leq 0.001$);
- Respondents living in the Belfast Trust area were more likely to disagree with this statement (Belfast, 87%; Northern, 72%; S Eastern, 71%; Southern, 60%; Western, 72%, $p \leq 0.001$);
- Those in the target age group for bowel cancer screening (i.e. aged 60+) were more likely to agree with this statement (27% vs. 20%, $p \leq 0.05$);

STATEMENT: Bowel cancer screening could reduce my chance of dying from bowel cancer

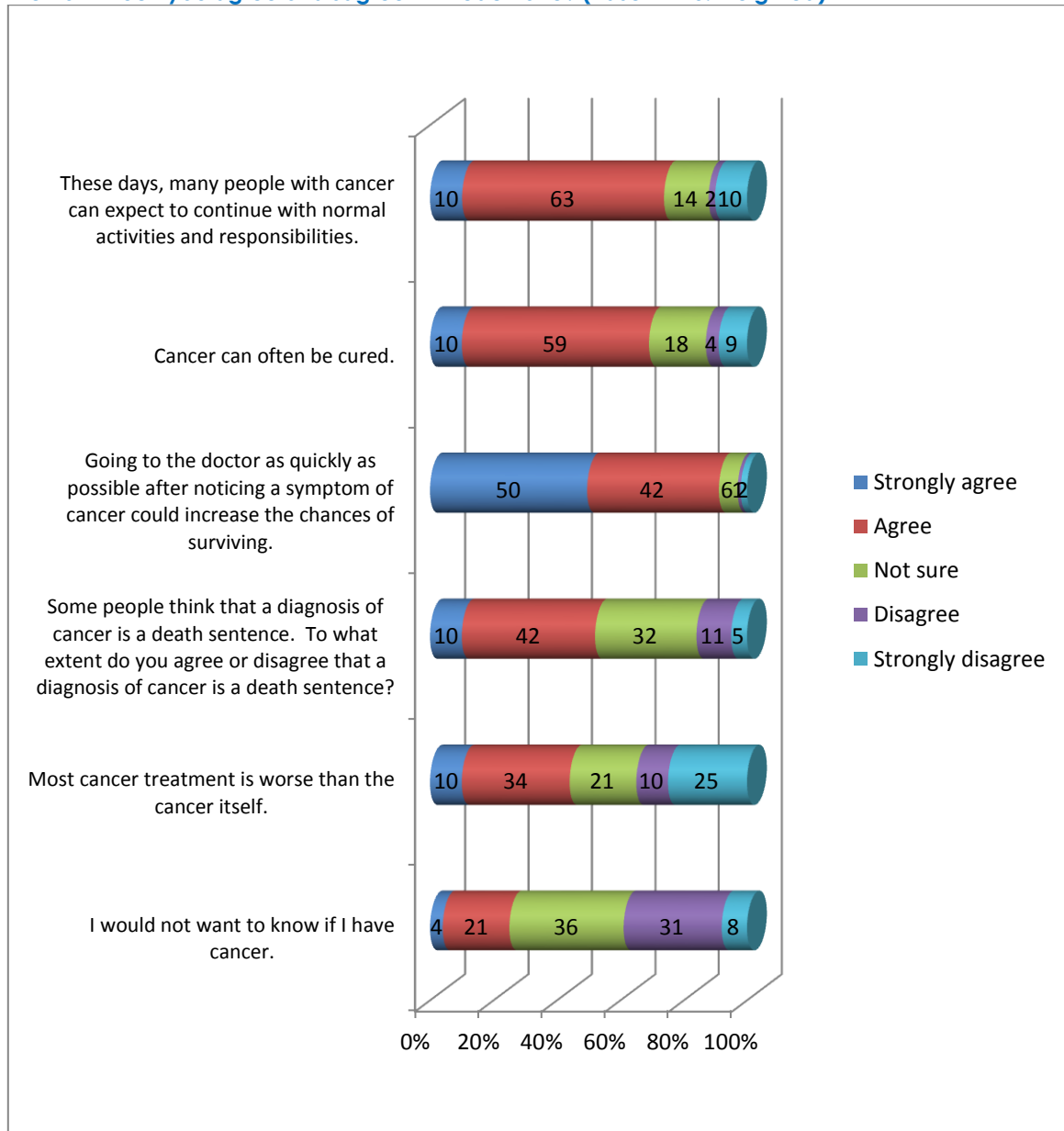
- Those aged 50-64 were more likely to agree with this statement (16-29, 84%; 30-49, 87%; 50-64, 89%; 65+, 85%, $p \leq 0.05$);
- Respondents living in the Western Trust area were more likely to agree with this statement (Belfast, 82%; Northern, 90%; S Eastern, 79%; Southern, 85%; Western, 96%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were more likely to agree with this statement (87% vs. 82%, $p \leq 0.001$);

2.15 Beliefs and Knowledge

Respondents were presented with a number of statements made about cancer and asked if they agreed or disagreed with each.

The highest level of agreement was recorded for the statement 'Going to the doctor as quickly as possible after noticing a symptom of cancer could increase the chances of surviving' (92%) with the lowest level of agreement recorded for the statement 'I would not want to know if I have cancer' (25%).

Figure 26: I'm going to read you some statements that are sometimes made about cancer. Can you tell me how much you agree or disagree with each one? (Base=1410; weighted)



There were a number of statistically significant differences in response:

STATEMENT: These days, many people with cancer can expect to continue with normal activities and responsibilities.

- Women were more likely to agree with this statement compared with men (77% vs. 70%, $p \leq 0.01$);
- Those with a lower level of educational attainment were more likely to agree with this statement (high, 75%; medium, 72%; low, 77%, $p \leq 0.05$);
- Respondents living in the Northern Trust area were more likely to agree with this statement (Belfast, 76%; Northern, 79%; S Eastern, 67%; Southern, 76%; Western, 64%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were more likely to agree with this statement (76% vs. 61%, $p \leq 0.001$);

STATEMENT: Most cancer treatment is worse than the cancer itself.

- Those with a lower level of educational attainment were more likely to agree with this statement (high, 44%; medium, 42%; low, 48%, $p \leq 0.001$);
- Those living in more deprived areas were more likely to answer 'don't know' with this statement (high, 31%; medium, 19%; low, 25%, $p \leq 0.01$);
- Respondents living in the Southern Trust area were less likely to agree with this statement (Belfast, 44%; Northern, 50%; S Eastern, 43%; Southern, 34%; Western, 46%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were more likely to agree with this statement (46% vs. 35%, $p \leq 0.001$);

STATEMENT: I would not want to know if I have cancer.

- Those living in areas with lower levels of deprivation were more likely to disagree with this statement (high, 65%; medium, 62%; low, 73%, $p \leq 0.01$);
- Respondents living in the Belfast Trust area were more likely to disagree with this statement (Belfast, 86%; Northern, 73%; S Eastern, 61%; Southern, 58%; Western, 54%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were more likely to disagree with this statement (69% vs. 60%, $p \leq 0.001$);

STATEMENT: Cancer can often be cured.

- Older respondents were less likely to agree with this statement (16-29, 68%; 30-49, 70%; 50-64, 70%; 65+, 63%, $p \leq 0.05$);
- Those in social classes ABC1 (71%) were more likely to agree with this statement (ABC1, 65%, $p \leq 0.01$);

- Those with qualifications other than degree level or equivalent were less likely to disagree with this statement (high, 26%; medium, 19%; low, 26%, $p \leq 0.01$);
- Respondents living in more deprived areas were more likely to agree with this statement (high, 74%; medium, 64%; low, 66%, $p \leq 0.01$);
- Respondents living in the Belfast Trust area were more likely to agree with this statement (Belfast, 80%; Northern, 72%; S Eastern, 64%; Southern, 63%; Western, 60%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were more likely to agree with this statement (69% vs. 63%, $p \leq 0.001$);

STATEMENT: Going to the doctor as quickly as possible after noticing a symptom of cancer could increase the chances of surviving.

- Those with a lower level of educational attainment were less likely to agree with this statement (high, 93%; medium, 93%; low, 90%, $p \leq 0.05$);
- Respondents living in the Belfast Trust area were less likely to agree with this statement (Belfast, 85%; Northern, 93%; S Eastern, 94%; Southern, 91%; Western, 99%, $p \leq 0.001$);

STATEMENT: Some people think that a diagnosis of cancer is a death sentence. To what extent do you agree or disagree that a diagnosis of cancer is a death sentence?

- Those with qualifications other than degree level or equivalent were less likely to disagree with this statement (high, 46%; medium, 40%; low, 45%, $p \leq 0.05$);
- Respondents living in areas with higher levels of deprivation were less likely to agree with this statement (high, 47%; medium, 59%; low, 52%, $p \leq 0.01$);
- Respondents living in the Belfast Trust area were more likely to disagree with this statement (Belfast, 56%; Northern, 46%; S Eastern, 45%; Southern, 33%; Western, 34%, $p \leq 0.001$);
- Those exposed to cancer (self, family or friends) were more likely to agree with this statement (53% vs. 48%, $p \leq 0.01$);

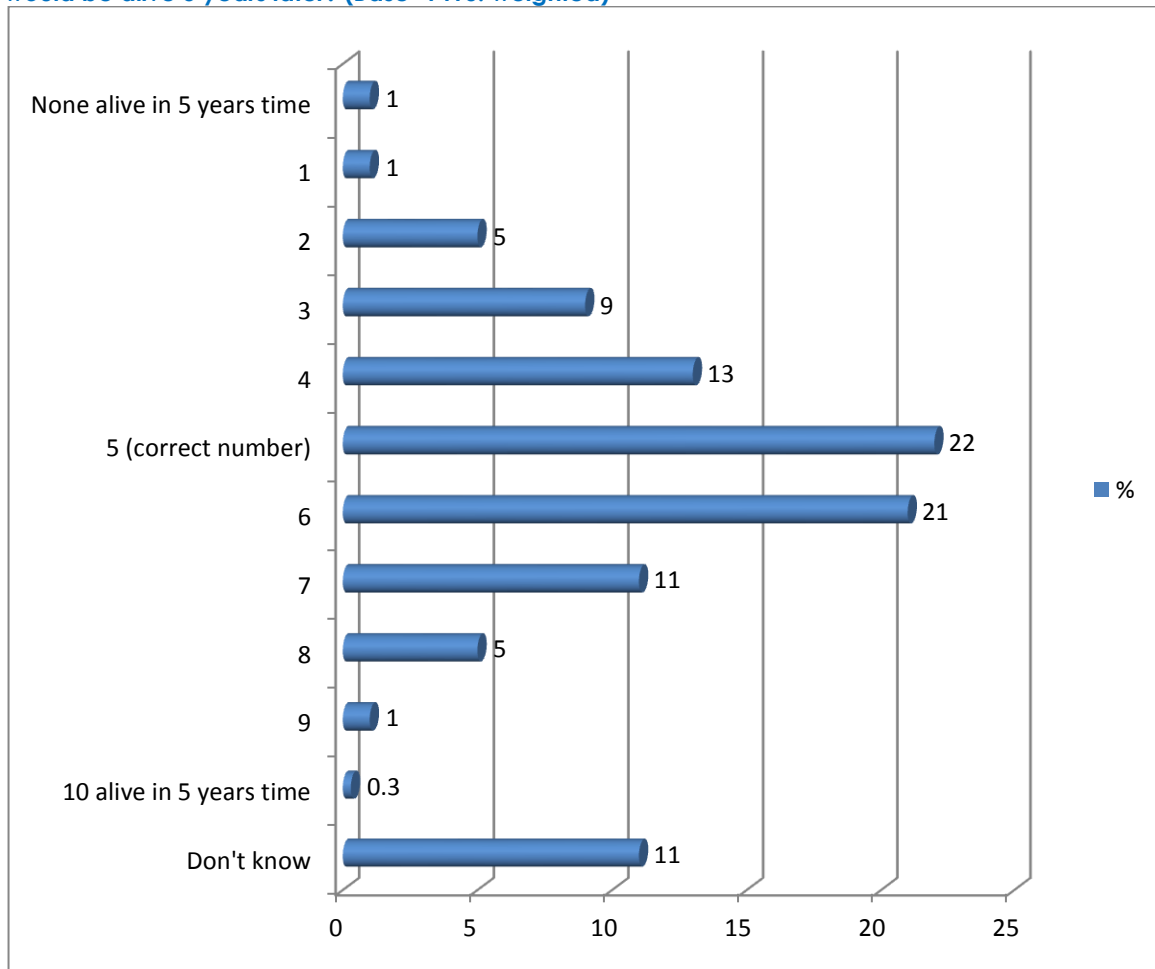
2.16 Knowledge of Cancer Survival Rates

Respondents were asked to think about people with different types of cancer and say how long they might live. For each type of cancer respondents were asked to say out of 10 people diagnosed with the cancer how many would be alive 5 years later.

2.16.1 Awareness of the Bowel Cancer Survival Rate

In relation to bowel cancer, the most common response, and the correct response, was that 5 out of 10 people diagnosed with bowel cancer would be alive 5 years later (22%). Among all respondents, 29% underestimated the survey rate with 38% over estimating the survival rate.

Figure 27: Out of 10 people diagnosed with bowel cancer in Northern Ireland, how many do you think would be alive 5 years later? (Base=1410: weighted)



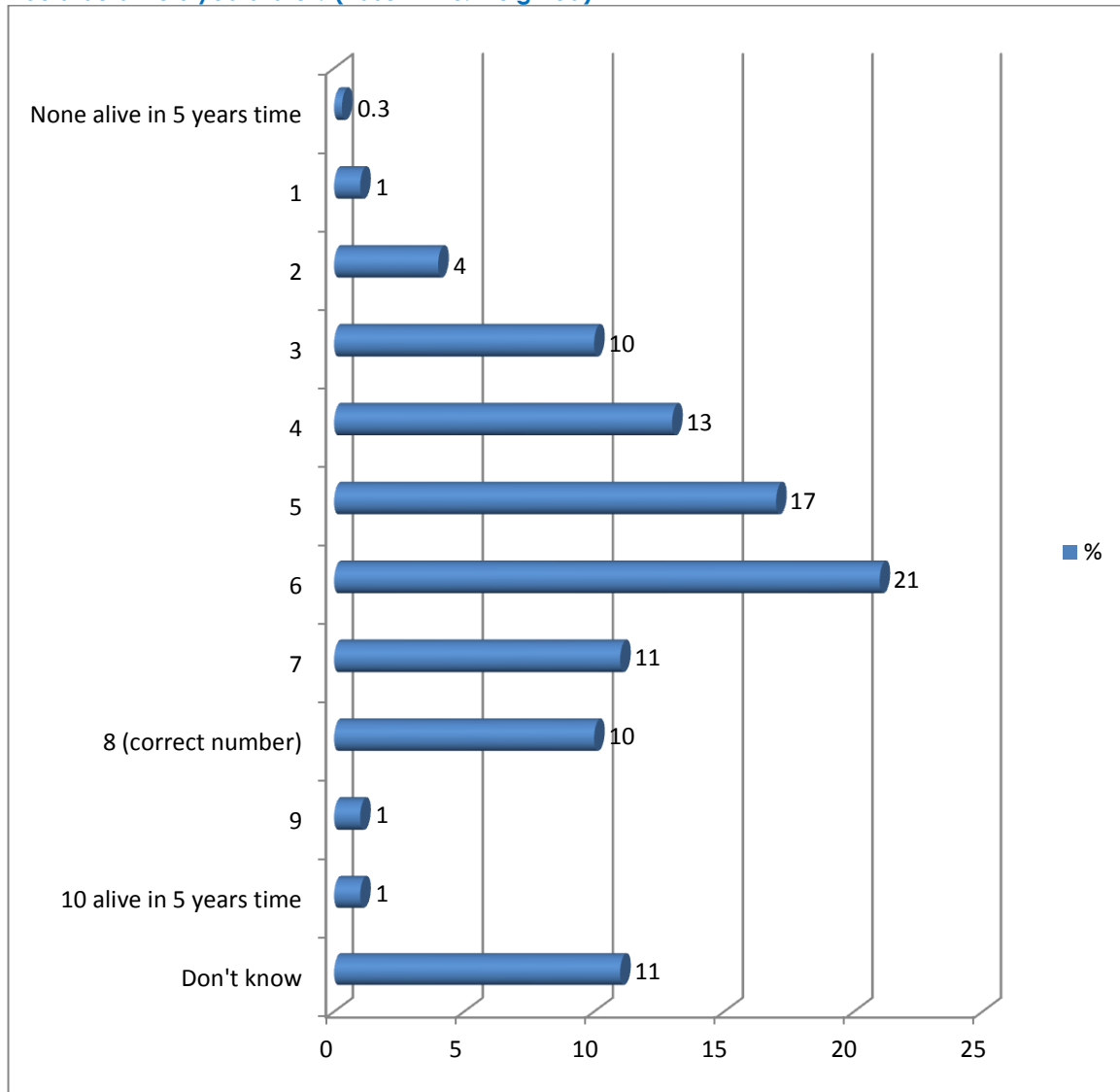
There were a number of statistically significant differences:

- Men were more likely to correctly say that 5 out of 10 people diagnosed with bowel cancer will be alive in 5 years time (25% vs. 19%, $p < 0.01$);
- Those with a lower level of educational attainment were less likely to correctly say that 5 out of 10 people diagnosed with bowel cancer will be alive in 5 years time (high, 21%; medium, 25%; low, 17%, $p < 0.05$);

2.16.2 Awareness of the Breast Cancer Survival Rate

In relation to breast cancer the most common response, 10% of respondents correctly said that 8 out of 10 people diagnosed with breast cancer would be alive 5 years later. Among all respondents, 78% underestimated the survey rate with 2% over estimating the survival rate.

Figure 28: Out of 10 people diagnosed with breast cancer in Northern Ireland, how many do you think would be alive 5 years later? (Base=1410: weighted)

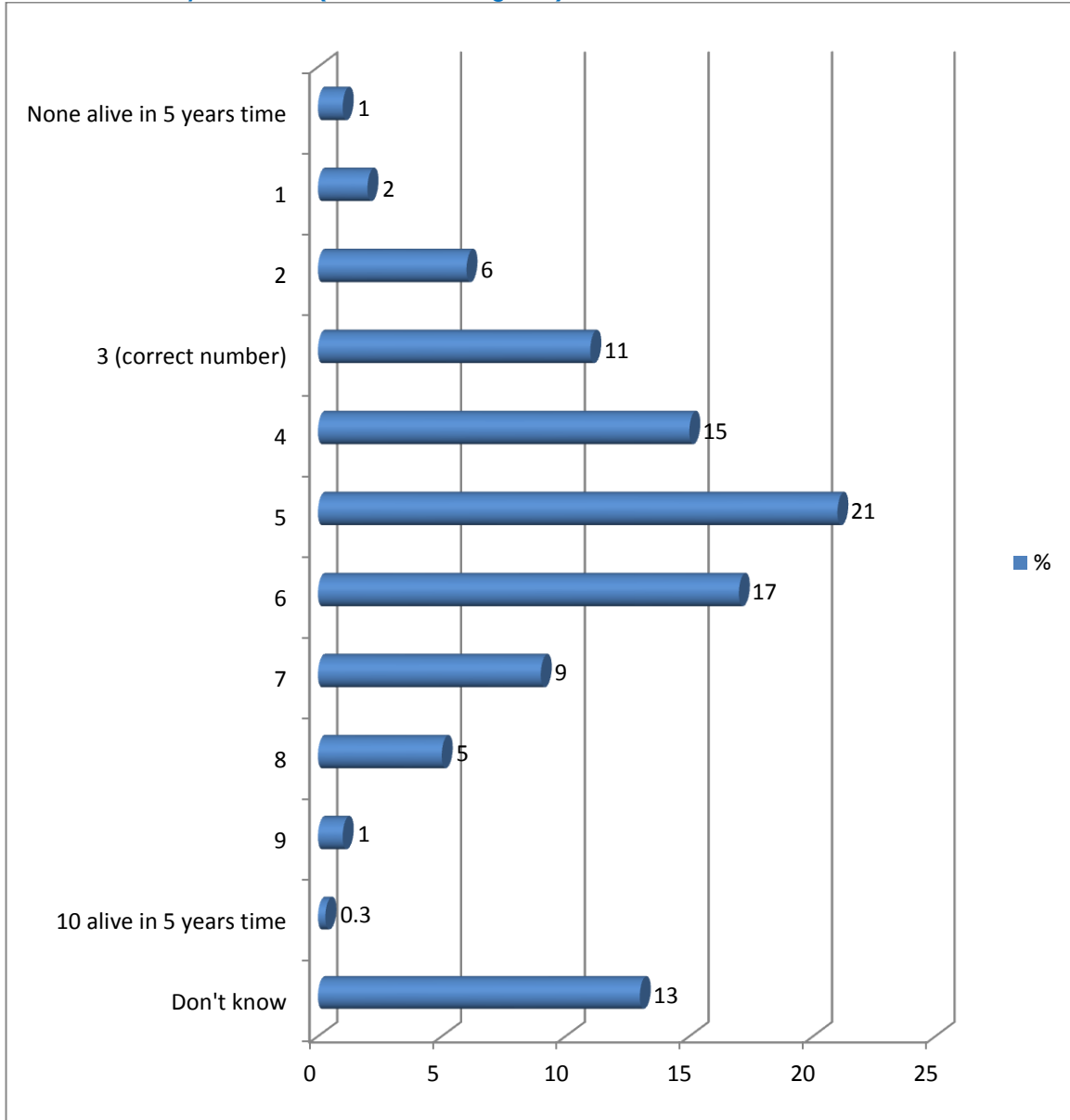


Men were more likely to correctly say that 8 out of 10 people diagnosed with breast cancer will be alive in 5 years time (12% vs. 8%, $p < 0.05$);

2.16.3 Awareness of the Ovarian Cancer Survival Rate

In relation to ovarian cancer 11% correctly said that 3 out of 10 women diagnosed with ovarian cancer would be alive 5 years later. Among all respondents, 9% underestimated the survey rate with 68% over estimating the survival rate.

Figure29: Out of 10 people diagnosed with ovarian cancer in Northern Ireland, how many do you think would be alive 5 years later? (Base=1410: weighted)



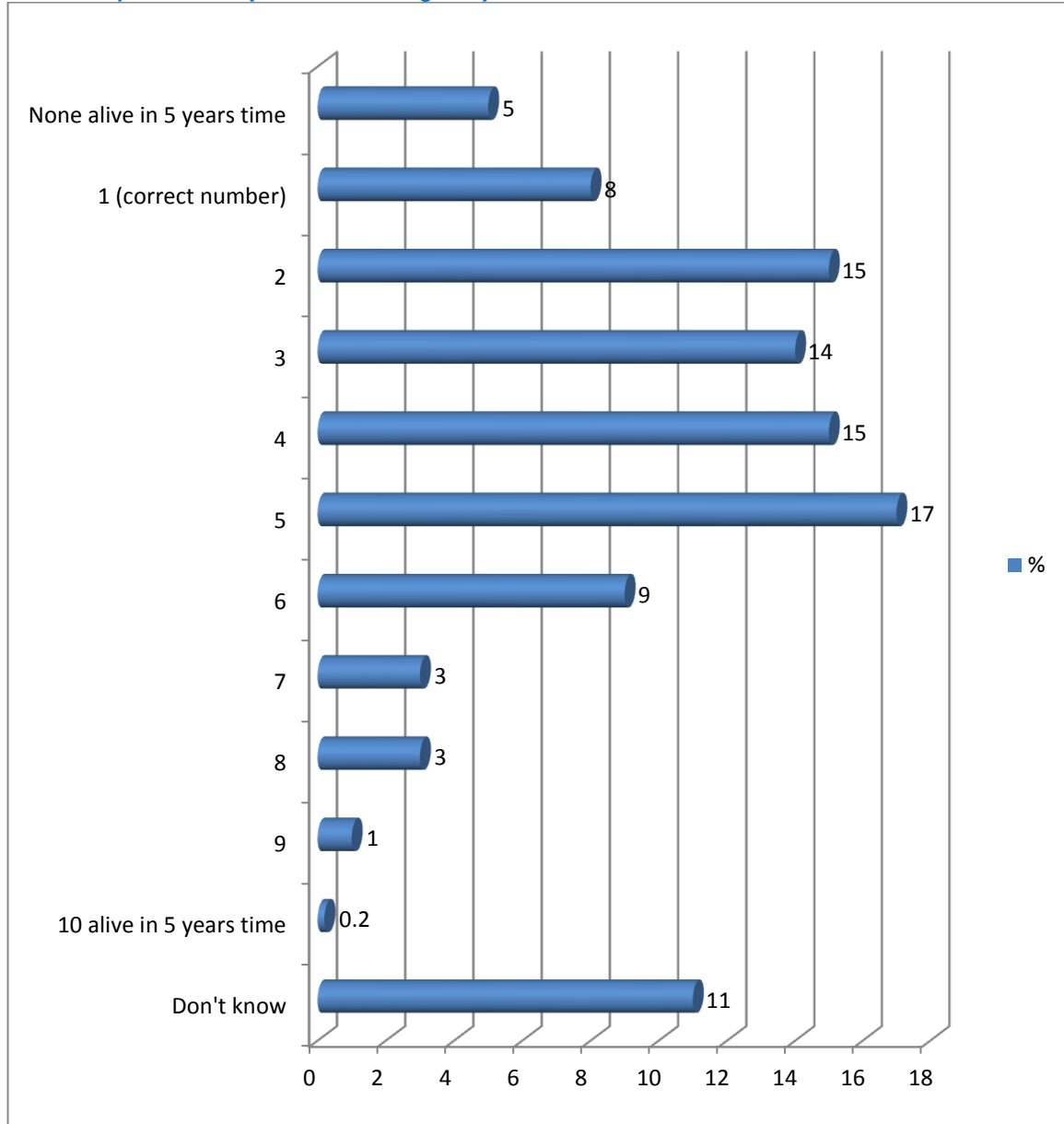
There were a number of statistically significant differences:

- Respondents living in areas with lower levels of deprivation were less likely to correctly say that 3 out of 10 women diagnosed with ovarian cancer will be alive in 5 years time (high, 12%; medium, 13%; low, 8%, $p \leq 0.05$); and,
- Respondents living in the Northern Trust area were less likely to correctly say that 3 out of 10 women diagnosed with ovarian cancer will be alive in 5 years time (Belfast, 10%; Northern, 7%; S Eastern, 14%; Southern, 11%; Western, 16%, $p \leq 0.01$).

2.16.4 Awareness of the Lung Cancer Survival Rate

In relation to lung cancer 8% of respondents correctly said that 1 out of 10 people diagnosed with lung cancer would be alive 5 years later. Among all respondents, 5% underestimated the survey rate with 77% over estimating the survival rate.

Figure 30: Out of 10 people diagnosed with lung cancer in Northern Ireland, how many do you think would be alive 5 years later? (Base=1410: weighted)



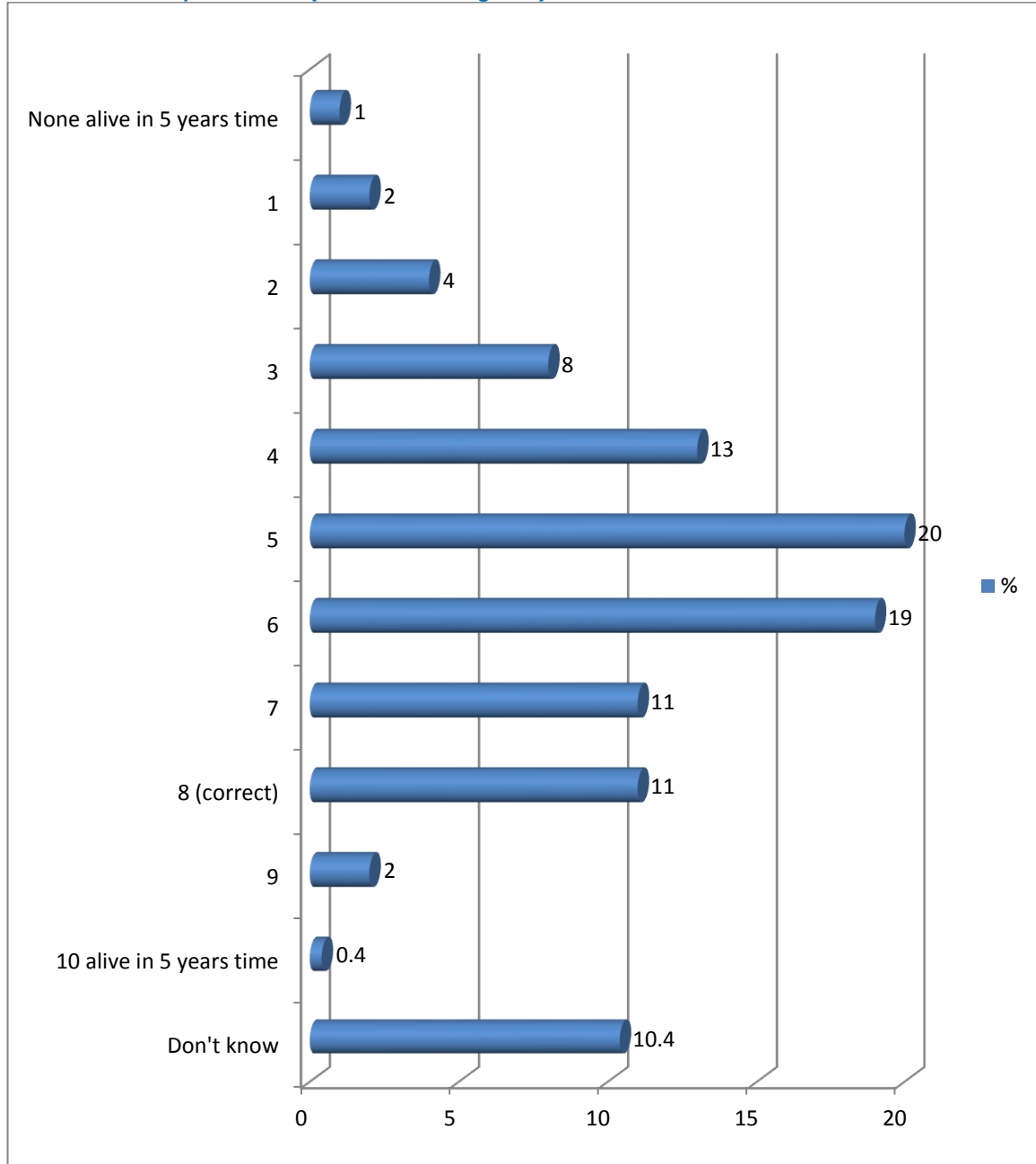
There were a number of statistically significant differences:

- Respondents in social classes ABC1 (10%) were more likely to correctly say that 1 out of 10 people diagnosed with lung cancer will be alive in 5 years time (C2DE, 6%, $p \leq 0.01$); and,
- Respondents living in the Western Trust area were more likely to correctly say that 1 out of 10 people diagnosed with lung cancer will be alive in 5 years time (Belfast, 3%; Northern, 7%; S Eastern, 3%; Southern, 7%; Western, 20%, $p \leq 0.001$).

2.16.5 Awareness of the Prostate Cancer Survival Rate

In relation to prostate cancer 11% of respondents correctly said that 8 out of 10 men diagnosed with prostate cancer would be alive 5 years later. Among all respondents, 78% underestimated the survey rate with 2% over estimating the survival rate.

Figure 31: Out of 10 people diagnosed with prostate cancer in Northern Ireland, how many do you think would be alive 5 years later? (Base=1410: weighted)



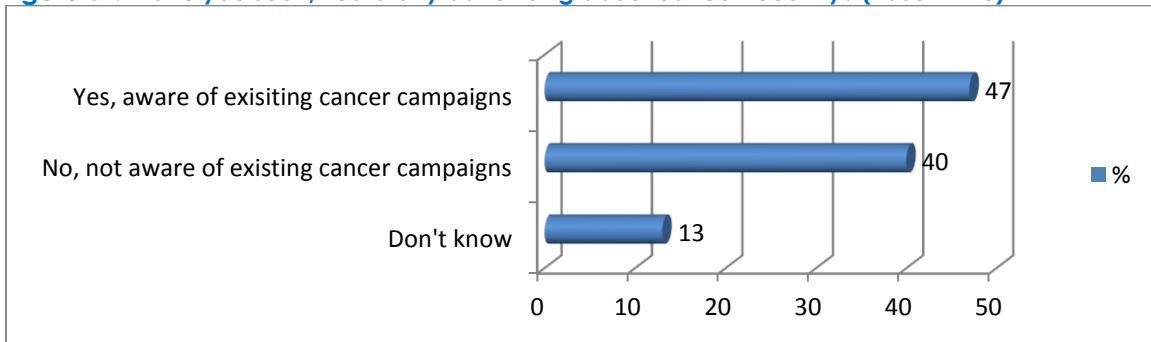
There were a number of statistically significant differences:

- Respondents living in the South Eastern Trust area were more likely to correctly say that 8 out of 10 men diagnosed with prostate cancer will be alive in 5 years time (Belfast, 9%; Northern, 9%; S Eastern, 18%; Southern, 12%; Western, 7%, $p \leq 0.001$).

2.17 Recall of Advertising about Cancer

Among all respondents, 47% said they had seen / heard advertising about cancer recently, with 40% saying they had not and 13% answered 'don't know'.

Figure 32: Have you seen/heard any advertising about cancer recently? (Base=1410)



Analysis by respondent background characteristics found that the following groups were more likely to report having seen or heard advertising about cancer recently: women (51%); those educated to degree level or equivalent (55%); those living in areas with medium levels of deprivation (54%); those living in the Northern Trust area (54%); and, those exposed to cancer (51%).

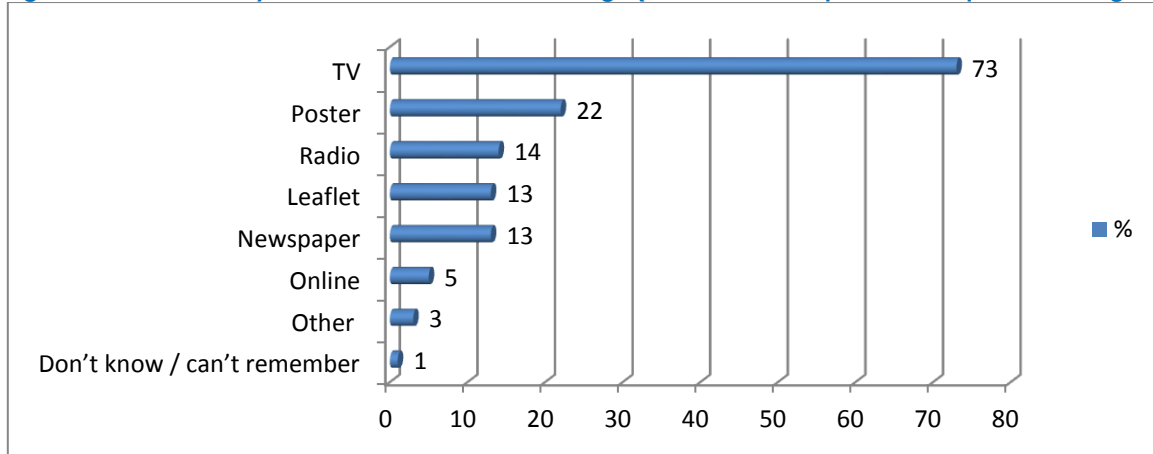
		Seen / heard any advertising about cancer recently (%)	N
All respondents		47	1410
Sex**	Male	42	688
	Female	51	720
Age	16-29	43	338
	30-49	51	491
	50-64	45	315
	65+	46	266
Social class	ABC1	49	674
	C2DE	45	736
Education**	Degree/Equivalent	55	377
	Other qualifications	43	703
	No formal qualifications	43	302
Deprivation**	High	45	506
	Medium	54	397
	Low	43	497
Trust area***	Belfast	41	259
	Northern	54	380
	South Eastern	34	252
	Southern	51	297
	Western	52	223
Exposed to cancer (self, family, friends)***	Yes	51	1151
	No	31	259

*p<0.05; **p<0.01; ***p<0.001

2.17.1 Source of Awareness Recent Advertising on Cancer

Respondents who could recall recent advertising on cancer (n=611) were asked to identify the source of this advertising, with TV (73%) found to be the most common source. Other sources cited by 3% of respondents¹⁹.

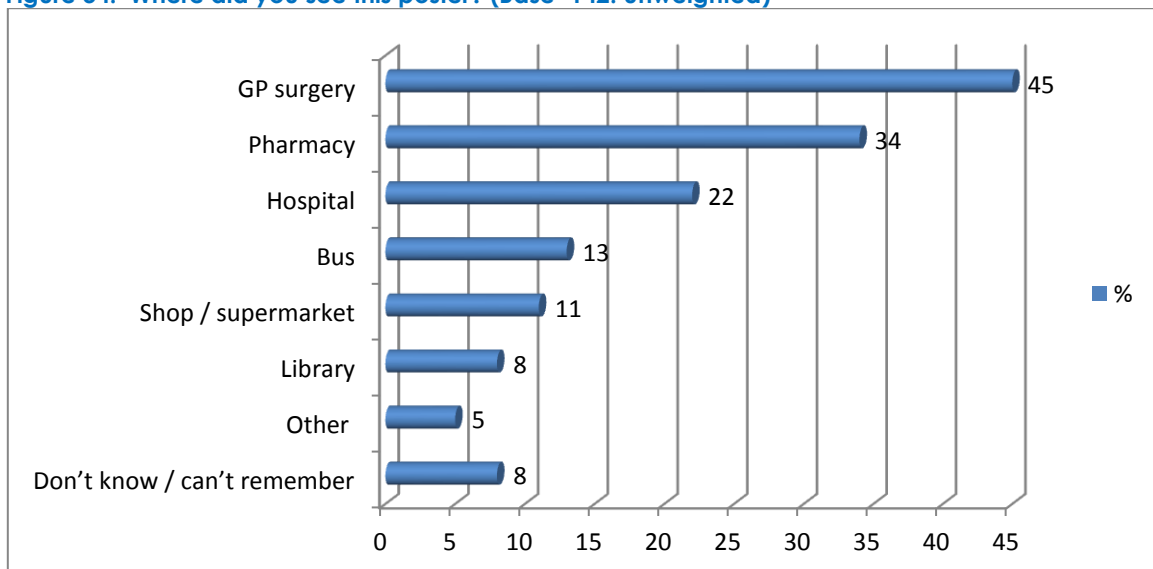
Figure 33: Where did you see or hear this advertising? (Base=611: multiple choice question: weighted data)



2.17.2 Recall of Poster Advertising

Respondents who could recall seeing cancer advertising on posters were asked where they had seen the poster (s). Of these 142 respondents, just under half (45%) said they had seen posters in a GP surgery, with 34% recalling posters in pharmacies and 22% in hospitals [note that a small number of respondents cited other source including: at work (n=1); billboard (n=1); bus shelters / bus stops (n=2); and, received 'through the door' (n=1)].

Figure 34: Where did you see this poster? (Base=142: unweighted)

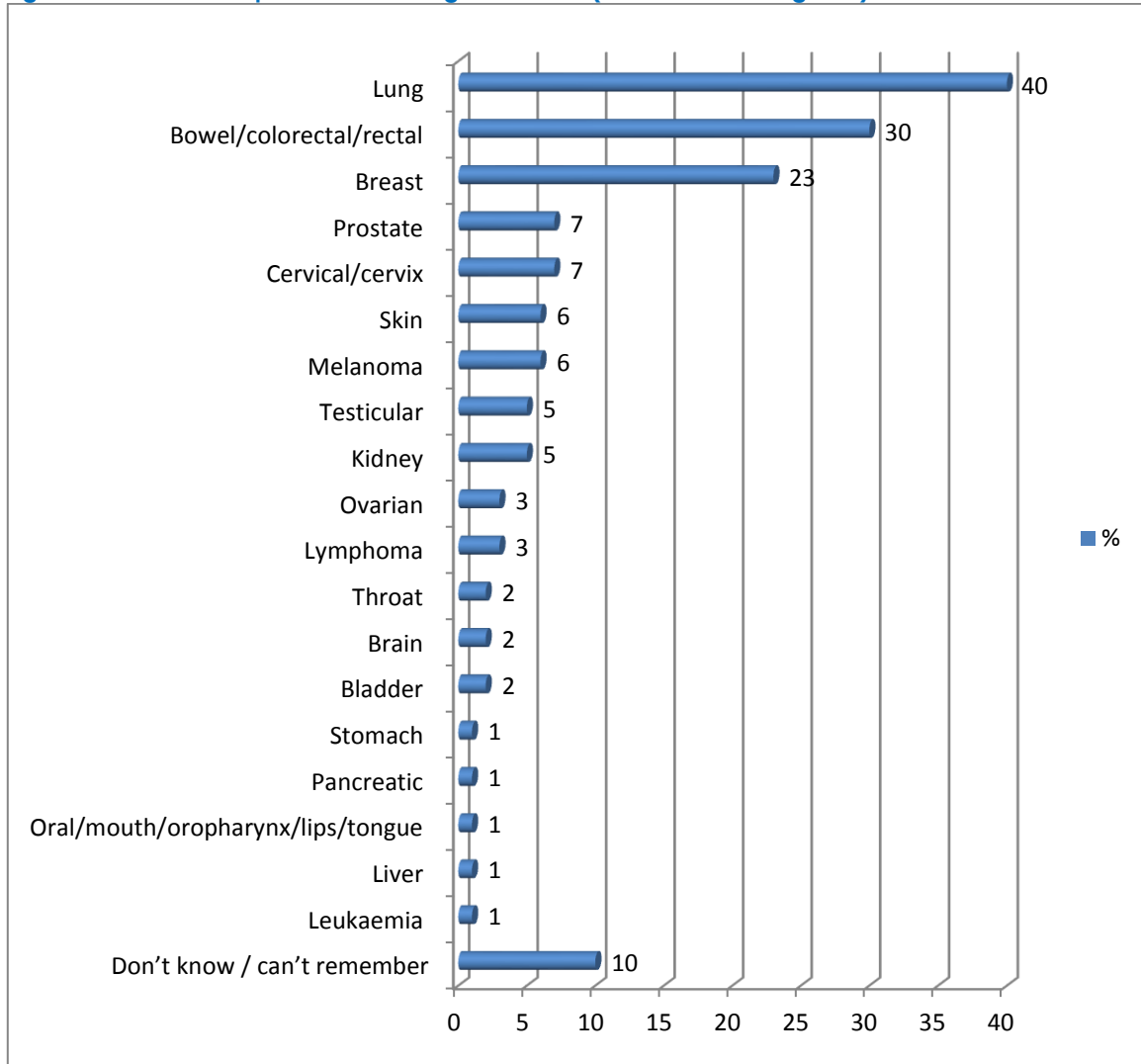


¹⁹ Other sources included: at work (n=1); bus (n=1); cigarette packets (n=1); doctors and dentist (n=1); Facebook (n=7); fundraising events (n=1); GP (n=2); hospital (n=2); cancer research event (n=1); magazine (n=1); notice board at work (n=1); and, work and hospital (n=1).

2.17.3 Content of Poster Advertising

Respondents who could recall poster advertising on cancer (n=142) were also asked to say what the cancer was about, with 40% of these respondents saying the poster related to lung cancer, with 30% citing bowel / colorectal / rectal cancer and 23% breast cancer.

Figure 35: Content of poster advertising on cancer (Base=142: unweighted)

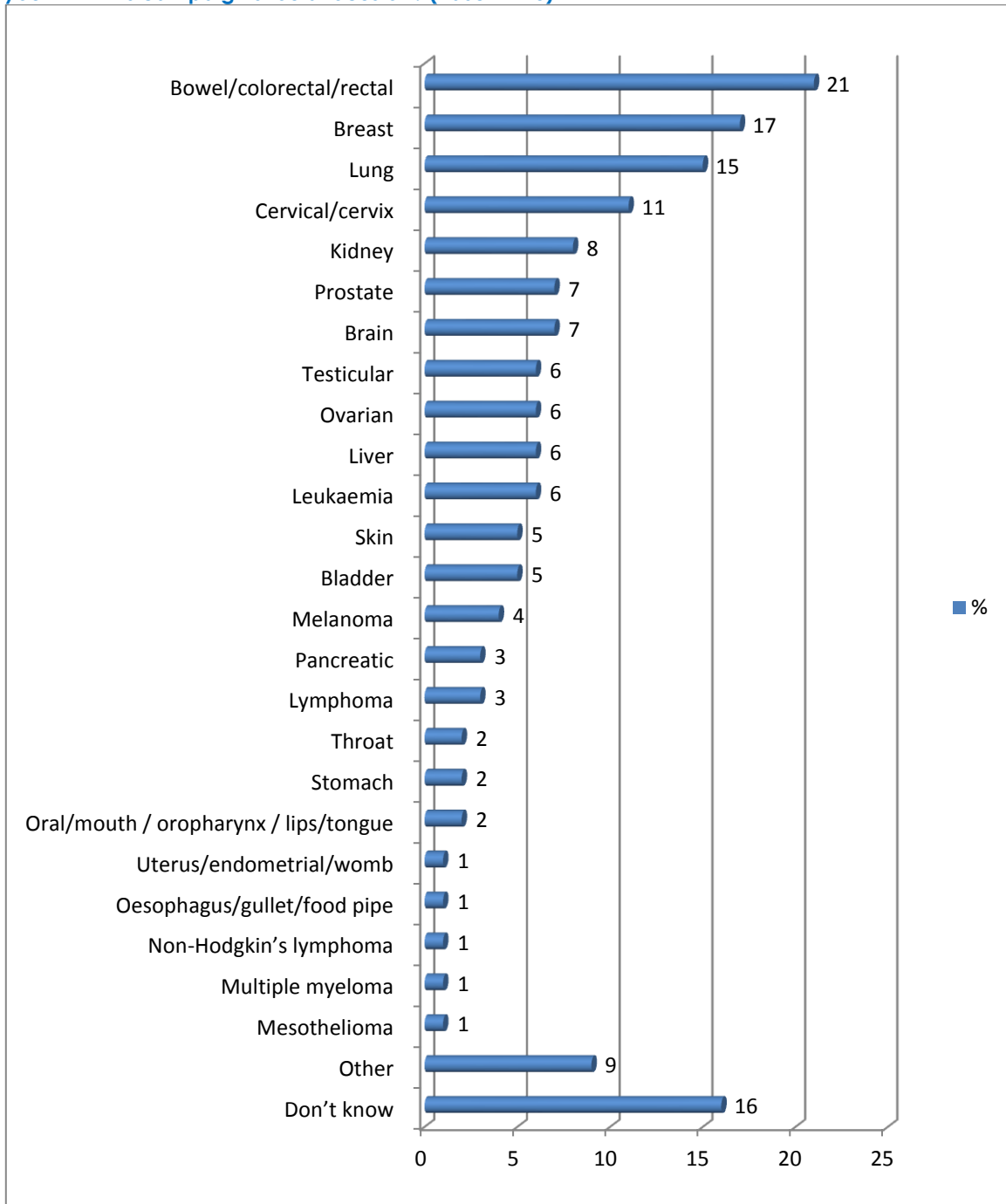


2.18 Views on Focus for New Public Health Campaign on Cancer

The survey was an opportunity to ask respondents what cancers any new public health information campaign on cancer should focus on.

Approximately one in five (21%) respondents said that any new public health information campaign on cancer should focus on bowel / colorectal / rectal cancer, with 17% mentioning breast cancer, 15% lung cancer and 11% cervical cancer. Nine percent of respondents made additional suggestions and these have been included in Table A1 in Appendix 2.

Figure 36: If there was a new public information campaign on cancer in Northern Ireland, what cancers do you think this campaign should focus on? (Base=1410)

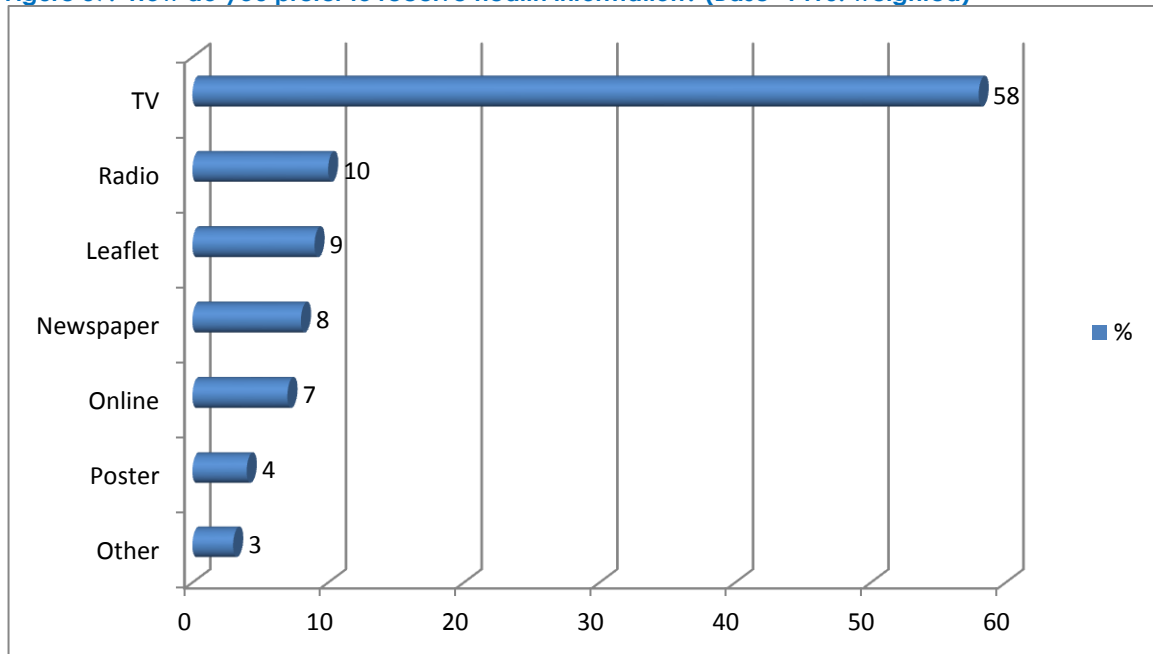


2.19 Preference for Receiving Health Information

A majority (58%) of respondents expressed a preference for receiving health information via TV, with 10% preferring radio, 9% leaflets, 8% newspapers, 7% online and 4% via posters.

Other sources listed by 3% of respondents included: books (n=1); bus (n=1); chemist (n=1); doctor (n=14); doctor's surgery (n=1); email (n=1); face to face (n=3); Facebook (n=1); family (n=1); fundraising events (n=1); nurse (n=1); on bus stops (n=1); one-to-one (n=1); public awareness (n=1); and, text (n=1).

Figure 37: How do you prefer to receive health information? (Base=1410: weighted)



There were some differences by age with greater proportions of older people (aged 65+, 12%) preferring radio (16-29, 11%; 30-49, 10%; 50-64, 10%) and newspapers (16-29, 5%; 30-49, 6%; 50-64, 10%; 65+, 15%), whereas proportionately more younger respondents preferred online (16-29, 12%; 30-49, 8%; 50-64, 6%; 65+, 1%, p<=0.001).

In terms educational attainment level, better educated respondents (degree level or equivalent) were more likely to express a preference for online (high, 12%; medium, 6%; low, 2%), as well as radio (high, 18%; medium, 9%; low, 5%) with this group less likely to express a preference for TV (high, 47%; medium, 63%; low, 61%, p<=0.001).

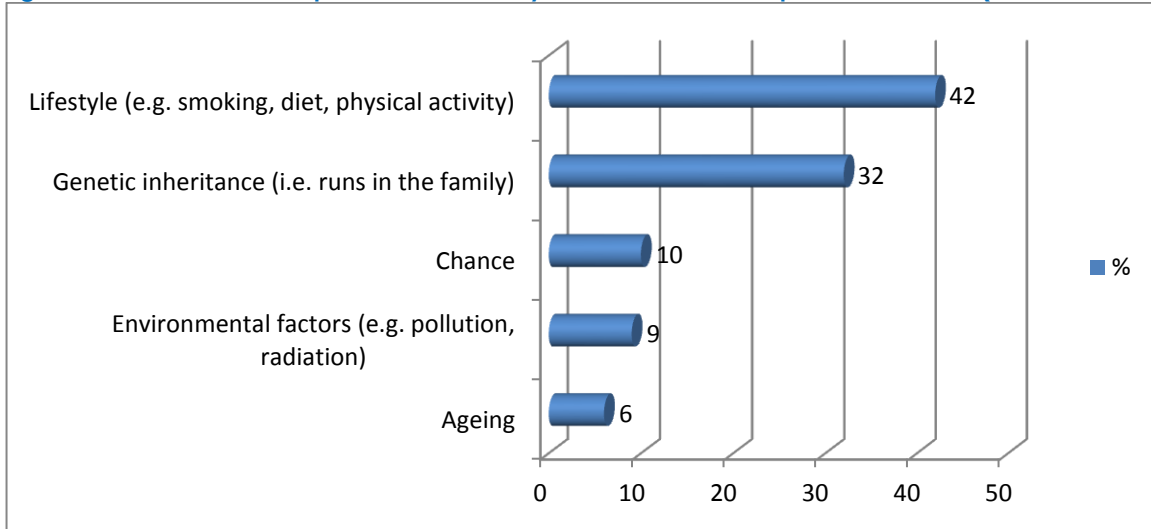
TV was preferred by a greater proportion of those living in areas of low deprivation (high, 58%; medium, 53%; low, 63%, p<=0.001), with TV also preferred by a greater proportion of respondents living in the Western Trust area (Belfast, 65%; Northern, 64%; S Eastern, 36%; Southern, 48%; Western, 80%, p<=0.001).

2.20 Ranking of Importance of Factors Contributing to Cancer Development

Respondents were presented with five factors and asked to rank each in terms of its contribution to the development of cancer. Lifestyle was ranked the most important factor in contributing to the development of cancer.

By comparison, the ONS 2008 survey found 60% of respondents rated lifestyle as the most important factor, with 23% rating genetic inheritance most important, followed by environmental factors (10%), chance (4%) and ageing (2%).

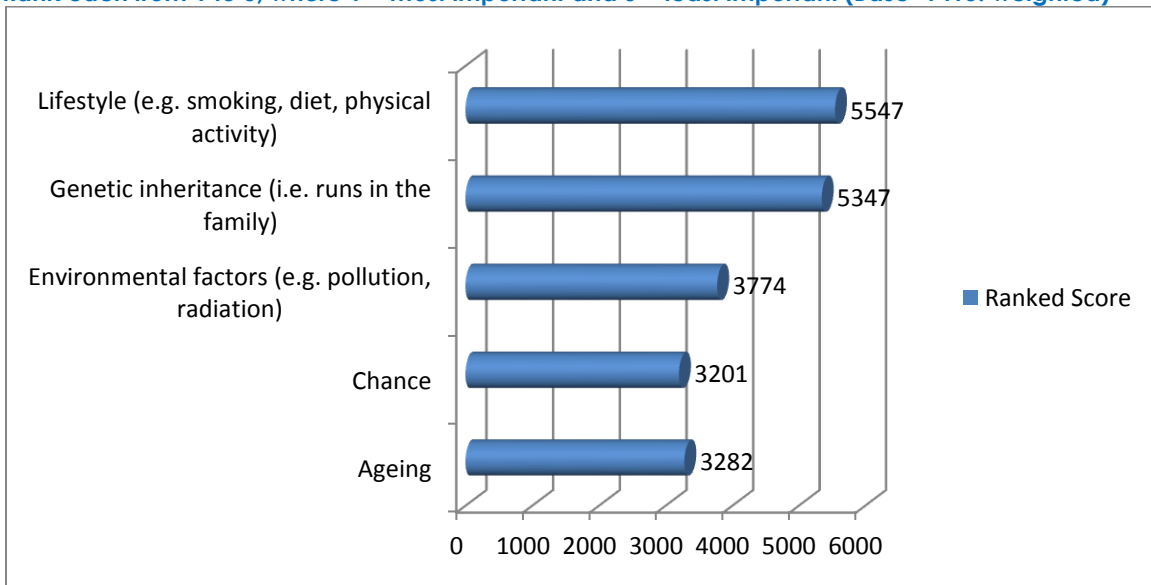
Figure 38: Ranked most important contributory factor to the development of cancer (Base=1410: weighted)



After being asked to rank the most important factor contributing to the development of cancer, respondents were then asked to rank the second, third, fourth and fifth most important factors contributing to the development of cancer.

Using a weighted score approach²⁰, the most important factor with a ranked score of 5547 was lifestyle, with genetic inheritance ranked second (5347), environment factors third (3774), chance fourth (3201) and ageing fifth (3282).

Figure 39: Please put the following things in order of how much you think they contribute to getting cancer: Rank each from 1 to 5, where 1 = most important and 5 = least important (Base=1410: weighted)

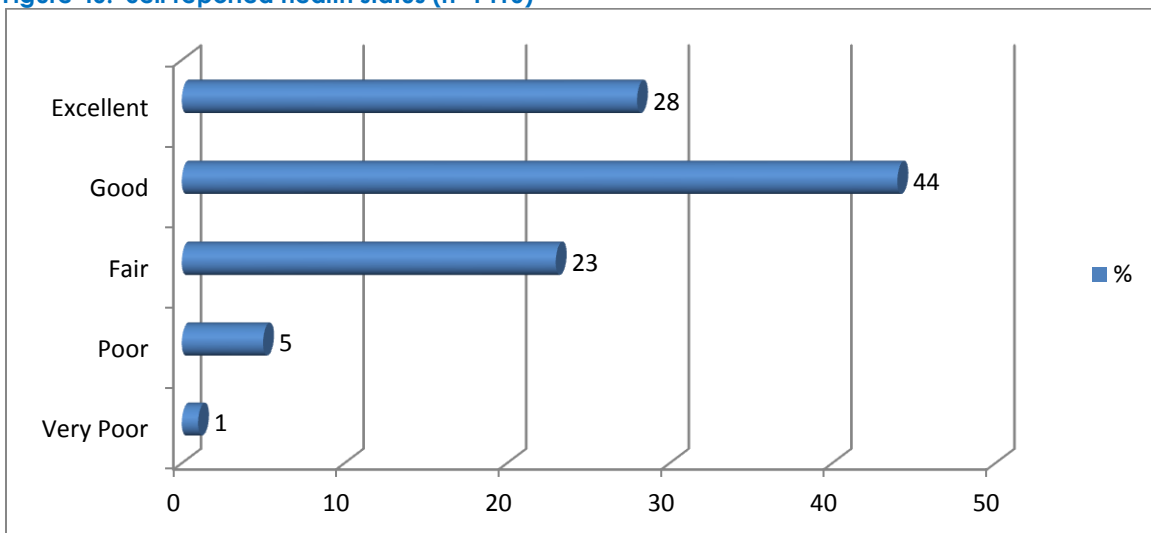


2.21 Other Survey Findings

2.21.1 Health Status

Among all respondents in the survey, 72% rated their health status as either excellent (28%) or good (44%), with 23% rating their health status as fair, and 6% either poor (5%) or very poor (1%).

Figure 40: Self reported health status (n=1410)



²⁰ The factor ranked 1 was scored 5, factor ranked 2 scored 4 etc. The scores were summed for each factor to identify 5 factors on a rank order basis.

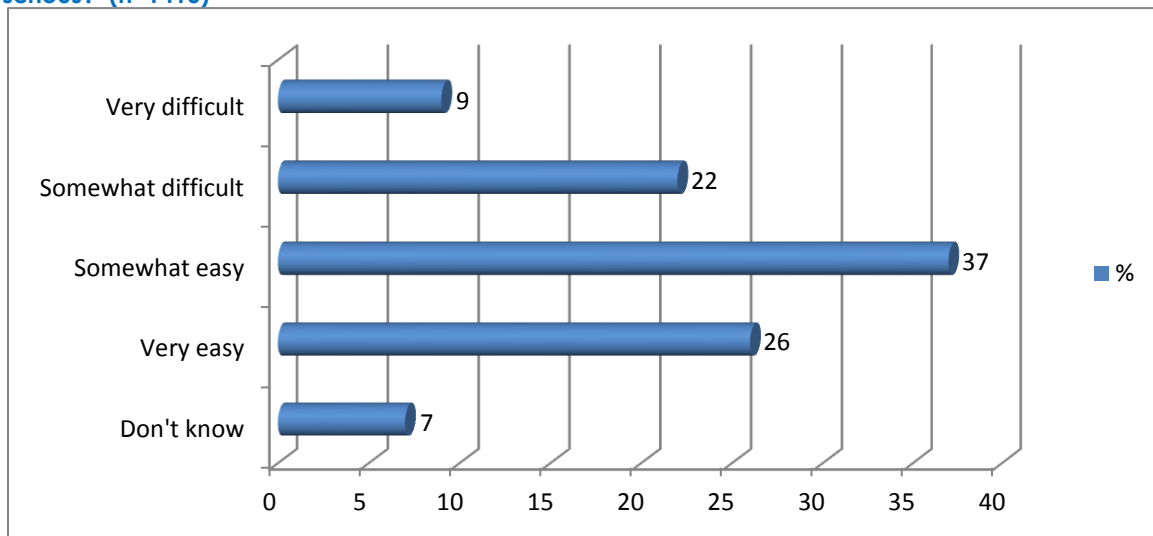
2.21.2 Visits to GP in last 12 Months

Overall, 69% of respondents said they had visited their GP in the past 12 months, with the average number of visits recorded at 2.5.

2.21.3 Seeing a Doctor

Thirty one percent (31%) of respondents said it would be difficult for them to see a doctor if they had a symptom which they thought might be serious ('very difficult, 9%: somewhat difficult, 22%), with 63% saying it would be easy ('somewhat easy', 37%: 'very easy', 26%).

Figure 41: How easy or difficult would it be to get to see a doctor if you had a symptom you think might be serious? (n=1410)



2.21.4 Smoking Prevalence

Thirty one percent (31%) of respondents said they currently smoke, with 31% of current non smokers saying they have smoked in the past.

2.22 Cluster Analysis

The data were subject to further analysis using cluster analysis. A three cluster solution was applied. Cluster 1 accounted for 44% of the sample, cluster 2 accounted for 38% of the sample and cluster 3 accounted for 18% of the sample. In the following paragraphs the characteristics of each cluster are compared with respondents outside the cluster.

Characteristics of Cluster 1 (44% of the sample)

- More likely to identify 10 or more cancer symptoms when prompted (84% vs. 23%, $p \leq 0.001$);
- More likely to identify specific symptoms: an unexplained lump or swelling (97% vs. 78%, $p \leq 0.001$); persistent unexplained pain (93% vs. 67%, $p \leq 0.001$); unexplained bleeding (92% vs. 56%, $p \leq 0.001$); persistent cough or hoarseness (90% vs. 61%, $p \leq 0.001$); persistent change in bowel or bladder habits (94% vs. 64%, $p \leq 0.001$); persistent difficulty swallowing (88% vs. 49%, $p \leq 0.001$); a change in the appearance of a mole (97% vs. 67%, $p \leq 0.001$); a sore that doesn't heal (83% vs. 41%, $p \leq 0.001$); unexplained night sweats (61% vs. 33%, $p \leq 0.001$); weight loss (92% vs. 50%, $p \leq 0.001$); unexplained tiredness (87% vs. 40%, $p \leq 0.001$); breast changes (55% vs. 35%, $p \leq 0.01$); and, abdominal bloating (84% vs. 81%, $p \leq 0.001$);
- More likely to contact a doctor within a week for each of the following: a lump or unexplained swelling (94% vs. 36%, $p \leq 0.001$); unexplained pain (92% vs. 34%, $p \leq 0.001$); unexplained bleeding (97% vs. 41%, $p \leq 0.001$); persistent cough or hoarseness (76% vs. 25%, $p \leq 0.001$); a change in bowel or bladder habits (85% vs. 40%, $p \leq 0.001$); persistent difficulty swallowing (89% vs. 28%, $p \leq 0.001$); a change in the appearance of a mole (92% vs. 32%, $p \leq 0.01$); a sore that doesn't heal (85% vs. 24%, $p \leq 0.001$); weight loss (74% vs. 20%, $p \leq 0.001$); unexplained night sweats (67% vs. 16%, $p \leq 0.001$); unexplained tiredness (68% vs. 17%, $p \leq 0.001$); breast changes (52% vs. 18%, $p \leq 0.05$); and, abdominal bloating (78% vs. 21%, $p \leq 0.001$);
- Less likely to say the following would put them off going to see a doctor if they had a symptom which might be serious: embarrassment (31% vs. 49%, $p \leq 0.001$); being too scared (34% vs. 49%, $p \leq 0.001$); worried about wasting the doctor's time (22% vs. 41%, $p \leq 0.001$); doctor would be difficult to talk to (22% vs. 34%, $p \leq 0.001$); it would be difficult to make an appointment to see a doctor (40% vs. 46%, $p \leq 0.001$); would be too busy to make time to see a doctor (19% vs. 43%, $p \leq 0.05$); too many things to worry about (20% vs. 46%, $p \leq 0.001$); it would be difficult to arrange transport to the doctor's surgery (13% vs. 32%, $p \leq 0.001$); I would be worried about what my doctor might find (45% vs. 51%, $p \leq 0.05$); and, wouldn't feel confident talking about symptoms with a doctor (21% vs. 42%, $p \leq 0.001$);
- More likely agree with the view of experts that the following can increase a person's chance of developing cancer: smoking any cigarettes at all (97% vs. 87%, $p \leq 0.001$); exposure to another person's cigarette smoke (93% vs. 83%, $p \leq 0.001$); drinking more than 1 unit of alcohol a day (75% vs. 54%, $p \leq 0.001$); eating less than 5 portions of fruit and vegetables a day (58% vs. 38%, $p \leq 0.001$); eating red or processed meat once a day or more (56% vs. 37%, $p \leq 0.001$); being overweight or obese (77% vs. 46%, $p \leq 0.001$); getting sun burnt more than once as a child (88% vs. 61%, $p \leq 0.001$); being over 70 (55% vs. 50%, $p \leq 0.05$);

infection with HPV (54% vs. 36%, $p \leq 0.001$); doing less than 30mins of moderate physical activity 5 times a week (54% vs. 46%, $p \leq 0.01$); using a sun bed (95% vs. 66%, $p \leq 0.001$); and, exposure to radiation (96% vs. 78%, $p \leq 0.001$);

- More likely to be able to list the 3 most common cancers in men in Northern Ireland (6% vs. 2%, $p \leq 0.01$);
- More likely to know that prostate cancer is the most common cancer in men in Northern Ireland (36% vs. 20%, $p \leq 0.001$);
- More likely to know that breast cancer is the most common cancer in women (80% vs. 69%, $p \leq 0.001$);
- More likely to be aware of cancer screening programs: breast (89% vs. 69%, $p \leq 0.01$); cervical (79% vs. 58%, $p \leq 0.001$); bowel (72% vs. 51%, $p \leq 0.001$);
- More likely to agree with the following statements: these days, many people with cancer can expect to continue with normal activities and responsibilities (82% vs. 67%, $p \leq 0.001$); most cancer treatment is worse than the cancer itself (49% vs. 40%, $p \leq 0.001$); cancer can often be cured (80% vs. 60%, $p \leq 0.001$); going to the doctor as quickly as possible after noticing a symptom of cancer could increase the chances of surviving (95% vs. 90%, $p \leq 0.05$);
- More likely to disagree with the following statements: I would not want to know if I have cancer (75% vs. 61%, $p \leq 0.001$) and, a diagnosis of cancer is a death sentence (53% vs. 36%, $p \leq 0.001$);
- Less likely to agree with the statement: some people think that a diagnosis of cancer is a death sentence (46% vs. 54%, $p \leq 0.001$);
- More likely to know that: 1 out of 10 people diagnosed with lung cancer will be alive 5 years later (13% vs. 4%, $p \leq 0.001$);
- More likely to have seen or heard any recent advertising on cancer (63% vs. 36%, $p \leq 0.001$);
- More likely to prefer TV for receiving health information (68% vs. 51%, $p \leq 0.001$);
- In terms of socio-demographic characteristics this cluster is more likely to be: female (57% vs. 47%, $p \leq 0.001$); aged 30-49 (37% vs. 34%, $p \leq 0.05$); be educated to degree level or equivalent (32% vs. 25%, $p < 0.05$); live in areas of with relatively higher levels of deprivation (39% vs. 34%, $p < 0.05$); live in the Northern Trust area (34% vs. 22%, $p \leq 0.001$); have been exposed to cancer [self, family, friends] (85% vs. 79%, $p < 0.001$); less likely to smoke (26% vs. 35%, $p \leq 0.001$); and, be more likely to describe their health status as excellent or good (75% vs. 69%, $p < 0.01$).

Characteristics of Cluster 2 (38% of the sample)

- Less likely to identify 10 or more cancer symptoms when prompted (23% vs. 58%, $p \leq 0.001$);
- Less likely to identify specific symptoms: persistent unexplained pain (65% vs. 83%, $p \leq 0.001$); unexplained bleeding (64% vs. 73%, $p \leq 0.001$); persistent cough or hoarseness (57% vs. 79%, $p \leq 0.001$); persistent change in bowel or bladder habits

(65% vs. 81%, $p \leq 0.001$); persistent difficulty swallowing (47% vs. 72%, $p \leq 0.001$); a sore that doesn't heal (40% vs. 65%, $p \leq 0.001$); weight loss (49% vs. 74%, $p \leq 0.001$); unexplained night sweats (19% vs. 54%, $p \leq 0.001$); unexplained tiredness (33% vs. 69%, $p \leq 0.001$); breast changes (38% vs. 46%, $p \leq 0.01$); and, abdominal bloating (44% vs. 72%, $p \leq 0.001$);

- Less likely to contact a doctor within a week for each of the following: a lump or unexplained swelling (56% vs. 62%, $p \leq 0.05$); unexplained pain (51% vs. 60%, $p \leq 0.001$); persistent cough or hoarseness (34% vs. 51%, $p \leq 0.001$); a change in bowel or bladder habits (43% vs. 64%, $p \leq 0.001$); persistent difficulty swallowing (45% vs. 57%, $p \leq 0.001$); a change in the appearance of a mole (52% vs. 59%, $p \leq 0.01$); a sore that doesn't heal (36% vs. 54%, $p \leq 0.001$); weight loss (27% vs. 48%, $p \leq 0.001$); unexplained night sweats (22% vs. 43%, $p \leq 0.001$); unexplained tiredness (20% vs. 45%, $p \leq 0.001$); breast changes (27% vs. 34%, $p \leq 0.05$); and, abdominal bloating (28% vs. 51%, $p \leq 0.001$);
- Less likely to say the following would put them off going to see a doctor if they had a symptom which might be serious: doctor would be difficult to talk to (20% vs. 33%, $p \leq 0.001$); it would be difficult to make an appointment to see a doctor (36% vs. 46%, $p \leq 0.001$); would be too busy to make time to see a doctor (29% vs. 35%, $p \leq 0.05$); it would be difficult to arrange transport to the doctor's surgery (11% vs. 29%, $p \leq 0.001$); and, wouldn't feel confident talking about symptoms with a doctor (24% vs. 36%, $p \leq 0.001$);
- More likely to say the following would put them off going to see a doctor if they had a symptom which might be serious: worrying about what the doctor might find (54% vs. 46%, $p \leq 0.01$);
- More likely to be unsure if the following can increase a person's chance of developing cancer: exposure to another person's cigarette smoke (14% vs. 8%, $p \leq 0.01$); drinking more than 1 unit of alcohol a day (60% vs. 14%, $p \leq 0.001$); eating less than 5 portions of fruit and vegetables a day (62% vs. 2%, $p \leq 0.001$); eating red or processed meat once a day or more (69% vs. 24%, $p \leq 0.001$); being overweight or obese (47% vs. 16%, $p \leq 0.01$); getting sun burnt more than once as a child (28% vs. 13%, $p \leq 0.001$); infection with HPV (74% vs. 38%, $p \leq 0.001$); doing less than 30mins of moderate physical activity 5 times a week (53% vs. 22%, $p \leq 0.001$); using a sun bed (16% vs. 12%, $p \leq 0.001$); exposure to radiation (17% vs. 8%, $p \leq 0.001$);
- More likely to agree that the following can increase a person's chance of developing cancer: having a close relative with cancer (87% vs. 84%, $p \leq 0.05$);
- Less likely to know which age group (those in their 80s) is more likely to develop cancer (2% vs. 8%, $p \leq 0.001$);
- More likely to know that breast cancer is the most common cancer in women (79% vs. 72%, $p \leq 0.01$);
- Less likely to be aware of cancer screening programs: breast (72% vs. 79%, $p \leq 0.01$); cervical (58% vs. 70%, $p \leq 0.001$); bowel (45% vs. 65%, $p \leq 0.001$);
- More likely to answer 'don't know' to the following statements: these days, many people with cancer can expect to continue with normal activities and responsibilities (61% vs. 78%, $p \leq 0.001$); most cancer treatment is worse than the

cancer itself (37% vs. 21%, $p \leq 0.001$); I would not want to know if I have cancer (16% vs. 5%, $p \leq 0.001$); cancer can often be cured (17% vs. 7%, $p \leq 0.001$); and, to what extent do you agree or disagree that a diagnosis of cancer is a death sentence (45% vs. 65%, $p \leq 0.001$);

- Less likely to agree with the statements: going to the doctor as quickly as possible after noticing a symptom of cancer could increase the chances of surviving (88% vs. 94%, $p \leq 0.001$); some people think that a diagnosis of cancer is a death sentence (46% vs. 54%, $p \leq 0.001$);
- Less likely to have seen or heard any recent advertising on cancer (38% vs. 50%, $p \leq 0.001$);
- Less likely to know that: 5 out of 10 people diagnosed with bowel cancer will be alive 5 years later (19% vs. 24%, $p \leq 0.05$); 3 out of 10 women diagnosed with ovarian cancer will be alive 5 years later (8% vs. 12%, $p \leq 0.05$); and, 1 out of 10 people diagnosed with lung cancer will be alive 5 years later (4% vs. 9%, $p \leq 0.05$);
- In terms of socio-demographic characteristics this cluster is more likely to be: male (57% vs. 46%, $p \leq 0.001$); aged under 50 (65% vs. 57%, $p < 0.05$); have formal qualifications other than degree level or equivalent (57% vs. 49%, $p < 0.01$); live in Belfast (31% vs. 14%, $p \leq 0.001$); not have been exposed to cancer [self, family, friends] (72% vs. 85%, $p < 0.001$); and, be in excellent or good health (79% vs. 69%, $p < 0.001$).

Characteristics of Cluster 3 (18% of the sample)

- Less likely to identify 10 or more cancer symptoms when prompted (24% vs. 60%, $p \leq 0.001$);
- Less likely to identify specific symptoms: an unexplained lump or swelling (74% vs. 92%, $p \leq 0.001$); persistent unexplained pain (69% vs. 82%, $p \leq 0.001$); unexplained bleeding (49% vs. 81%, $p \leq 0.001$); persistent cough or hoarseness (65% vs. 77%, $p \leq 0.001$); persistent change in bowel or bladder habits (64% vs. 82%, $p \leq 0.001$); persistent difficulty swallowing (50% vs. 72%, $p \leq 0.001$); a change in the appearance of a mole (56% vs. 91%, $p \leq 0.001$); a sore that doesn't heal (42% vs. 66%, $p \leq 0.001$); weight loss (51% vs. 75%, $p \leq 0.001$); unexplained tiredness (45% vs. 66%, $p \leq 0.001$); breast changes (34% vs. 48%, $p \leq 0.01$); and, abdominal bloating (56% vs. 69%, $p \leq 0.001$);
- Less likely to contact a doctor within a week for each of the following: a lump or unexplained swelling (19% vs. 79%, $p \leq 0.001$); unexplained pain (19% vs. 76%, $p \leq 0.001$); unexplained bleeding (23% vs. 84%, $p \leq 0.001$); persistent cough or hoarseness (17% vs. 60%, $p \leq 0.001$); a change in bowel or bladder habits (37% vs. 68%, $p \leq 0.001$); persistent difficulty swallowing (11% vs. 72%, $p \leq 0.001$); a change in the appearance of a mole (16% vs. 76%, $p \leq 0.01$); a sore that doesn't heal (14% vs. 66%, $p \leq 0.001$); weight loss (13% vs. 56%, $p \leq 0.001$); unexplained night sweats (12% vs. 50%, $p \leq 0.001$); unexplained tiredness (15% vs. 49%, $p \leq 0.001$); breast changes (11% vs. 42%, $p \leq 0.05$); and, abdominal bloating (15% vs. 58%, $p \leq 0.001$);
- More likely to say the following would put them off going to see a doctor if they had a symptom which might be serious: embarrassment (53% vs. 36%, $p \leq 0.001$);

being too scared (52% vs. 39%, $p \leq 0.001$); worried about wasting the doctor's time (48% vs. 26%, $p \leq 0.001$); doctor would be difficult to talk to (48% vs. 21%, $p \leq 0.001$); it would be difficult to make an appointment to see a doctor (54% vs. 39%, $p \leq 0.001$); would be too busy to make time to see a doctor (56% vs. 23%, $p \leq 0.05$); too many things to worry about (56% vs. 25%, $p \leq 0.001$); it would be difficult to arrange transport to the doctor's surgery (50% vs. 12%, $p \leq 0.001$); and, wouldn't feel confident talking about symptoms with a doctor (56% vs. 22%, $p \leq 0.001$);

- Less likely agree with the view of experts that the following can increase a person's chance of developing cancer: smoking any cigarettes at all (82% vs. 96%, $p \leq 0.001$); exposure to another person's cigarette smoke (84% vs. 88%, $p \leq 0.001$); getting sun burnt more than once as a child (59% vs. 78%, $p \leq 0.001$); having a close relative with cancer (82% vs. 87%, $p \leq 0.05$);
- More likely to agree that the following can increase a person's chance of developing cancer: drinking more than 1 unit of alcohol a day (83% vs. 53%, $p \leq 0.001$); eating less than 5 portions of fruit and vegetables a day (62% vs. 39%, $p \leq 0.001$); eating red or processed meat once a day or more (63% vs. 37%, $p \leq 0.001$); doing less than 30mins of moderate physical activity 5 times a week (69% vs. 40%, $p \leq 0.001$);
- More likely to disagree that the following can increase a person's change of developing cancer being overweight or obese (31% vs. 11%, $p \leq 0.001$); being over 70 years old (27% vs. 19%, $p \leq 0.001$); infection with HPV (20% vs. 4%, $p \leq 0.001$); using a sun bed (23% vs. 3%, $p \leq 0.001$); exposure to radiation (9% vs. 2%, $p \leq 0.001$);
- More likely to know which age group (those in their 80s) is more likely to develop cancer (9% vs. 4%, $p \leq 0.001$);
- Less likely to be able to list the 3 most common cancers in men in Northern Ireland (2% vs. 5%, $p \leq 0.01$);
- Less likely to know that prostate cancer is the most common cancer in men in Northern Ireland (15% vs. 32%, $p \leq 0.001$);
- Less likely to know that breast cancer is the most common cancer in women (61% vs. 79%, $p \leq 0.01$);
- Less likely to be aware of cancer screening programs: breast (66% vs. 82%, $p \leq 0.01$); cervical (58% vs. 71%, $p \leq 0.001$); bowel (56% vs. 62%, $p \leq 0.001$);
- More likely to disagree with the following statements: these days, many people with cancer can expect to continue with normal activities and responsibilities (25% vs. 12%, $p \leq 0.001$); most cancer treatment is worse than the cancer itself (48% vs. 23%, $p \leq 0.001$); cancer can often be cured (39% vs. 15%, $p \leq 0.001$); going to the doctor as quickly as possible after noticing a symptom of cancer could increase the chances of surviving (8% vs. 6%, $p \leq 0.05$);
- More likely to agree with the following statements: I would not want to know if I have cancer (40% vs. 18%, $p \leq 0.001$) and, to what extent do you agree or disagree that a diagnosis of cancer is a death sentence (69% vs. 45%, $p \leq 0.001$);

- Less likely to agree with the statements: some people think that a diagnosis of cancer is a death sentence (46% vs. 54%, $p \leq 0.001$);
- Less likely to know that: 1 out of 10 people diagnosed with lung cancer will be alive 5 years later (4% vs. 9%, $p \leq 0.001$);
- Less likely to have seen or heard any recent advertising on cancer (42% vs. 66%, $p \leq 0.001$);
- In terms of socio-demographic characteristics is cluster is more likely to be: be in social classes C2DE (56% vs. 50%, $p \leq 0.05$); live in areas with average levels of deprivation (36% vs. 25%, $p < 0.001$); live in the Southern Trust area (37% vs. 14%, $p \leq 0.001$); not have been exposed to cancer [self, family, friends] (72% vs. 85%, $p < 0.001$); smoke (38% vs. 27%, $p \leq 0.001$); and, be less likely to describe their health status as excellent or good (60% vs. 77%, $p < 0.001$).

Appendices

Appendix 1 (Questionnaire)



FINAL QUESTIONNAIRE

Cancer Awareness Survey

JUNE 2014



Preamble: INTERVIEWER READ OUT

Good morning/afternoon/evening, my name is [INTERVIEWER NAME] from Social Market Research, an independent research agency. We are undertaking a survey on health issues for the Public Health Agency.

SECTION A: WARNING SIGNS OF CANCER

- A1. The first question is about warning signs of cancer. There are many warning signs and symptoms of cancer. Please name as many as you can think of.

DO NOT PROMPT RESPONDENT: Prompt with **'anything else'** until the respondent cannot think of any more signs. If the person says they do not know any, prompt with **'are you sure?'** and if necessary **'take a minute to think about it'**. Record all of the warning signs and symptoms that the person mentions. **DO NOT ALLOW RESPONDENT TO SEE SCREEN**

Bleeding	1
Blurred vision	1
Bruising	1
Change in appearance of a mole	1
Change in bowel/bladder habits	1
Cough/hoarseness	1
Difficulty swallowing	1
Feeling weak	1
Generally unwell	1
Loss of appetite	1
Lump/swelling	1
Nausea/sickness	1
Pain	1
Sore that does not heal	1
Tiredness/fatigue	1
Weight loss	1
Other 1 (please specify)	1
Other 2 (please specify)	1
Other 3 (please specify)	1
None Stated	1

A2. The following may or may not be warning signs for cancer. We are interested in your opinion: **READ EACH STATEMENT AND SINGLE CODE FOR EACH**

INTERVIEWER NOTE: If respondent asks what is meant by 'persistent' we mean 3 weeks or longer

	Yes	No	Don't Know
Do you think an unexplained lump or swelling could be a sign of cancer?	1	2	3
Do you think persistent unexplained pain could be a sign of cancer?	1	2	3
Do you think unexplained bleeding could be a sign of cancer?	1	2	3
Do you think a persistent cough or hoarseness could be a sign of cancer?	1	2	3
Do you think a persistent change in bowel or bladder habits could be a sign of cancer? (clarification if required: a change in pooing or weeing)	1	2	3
Do you think persistent difficulty swallowing could be a sign of cancer?	1	2	3
Do you think a change in the appearance of a mole could be a sign of cancer?	1	2	3
Do you think a sore that does not heal could be a sign of cancer?	1	2	3
Do you think unexplained weight loss could be a sign of cancer?	1	2	3
Do you think unexplained night sweats could be a sign of cancer?	1	2	3
Do you think unexplained tiredness could be a sign of cancer?	1	2	3
Do you think breast changes (ask women only) could be a sign of cancer?	1	2	3
Do you think persistent abdominal bloating could be a sign of cancer?	1	2	3

A3. The next question is about seeking help. If you had a symptom that you thought might be a sign of cancer how soon would you contact your doctor to make an appointment to discuss it? **INTERVIEWER CODE FOR EACH SYMPTOM: [THERE ARE NO RIGHT OR WRONG ANSWERS TO THIS QUESTION]**

'If you had [insert symptom] how soon would you contact your doctor to make an appointment to discuss it?'

	<i>Immediately</i>	<i>Up to a week</i>	<i>1-2 weeks</i>	<i>3-4 weeks</i>	<i>More than a month</i>	<i>Would not contact my doctor</i>
unexplained lump or swelling	1	2	3	4	5	6
persistent unexplained pain	1	2	3	4	5	6
unexplained bleeding	1	2	3	4	5	6
persistent cough or hoarseness	1	2	3	4	5	6
persistent change in bowel or bladder habits	1	2	3	4	5	6
persistent difficulty swallowing	1	2	3	4	5	6
change in the appearance of a mole	1	2	3	4	5	6
a sore that does not heal	1	2	3	4	5	6
unexplained weight loss	1	2	3	4	5	6
unexplained night sweats	1	2	3	4	5	6
unexplained tiredness	1	2	3	4	5	6
breast changes (ask women only)	1	2	3	4	5	6
abdominal bloating	1	2	3	4	5	6

A4. **[A4 ASKED OF WOMEN ONLY].** The following may or may not be warning signs of ovarian cancer. We are interested in your opinion.

INTERVIEWER NOTE: If respondent asks what is meant by 'persistent' we mean 3 weeks or longer

INTERVIEWER NOTE: If the respondent asks for clarification about certain items within this set of questions, please refer to the clarifications listed in the questions. Please only read them out if necessary.

	Yes	No	Don't Know
Do you think persistent pain in your abdomen could be a sign of ovarian cancer? (clarification: abdomen is around the tummy)	1	2	3
Do you think persistent pain in your pelvis could be a sign of ovarian cancer? (clarification: pelvis is below the belly button)	1	2	3
Do you think persistent bloating could be a sign of ovarian cancer?	1	2	3
Do you think increased abdominal size on most days could be a sign of ovarian cancer? (clarification: abdomen is around the tummy)	1	2	3
Do you think feeling full persistently could be a sign of ovarian cancer?	1	2	3
Do you think difficulty eating could be a sign of ovarian cancer? (clarification: difficulty in eating usual amounts of food)	1	2	3
Do you think passing more urine than usual could be a sign of ovarian cancer? (clarification: urine is wee)	1	2	3
Do you think changes in bowel habit could be a sign of ovarian cancer? (clarification: bowel habit refers to changes in pooing)	1	2	3
Do you think extreme fatigue could be a sign of ovarian cancer? (clarification: fatigue is tiredness)	1	2	3
Do you think that back pain could be a sign of ovarian cancer?	1	2	3

A5. **[A5 ASKED OF WOMEN ONLY].** If you had a symptom you thought might be a sign of ovarian cancer how soon would you contact your doctor to make an appointment to discuss it? **RECORD ANSWER VERBATIM**

A6. **[A6 ASKED OF WOMEN ONLY].** How confident are you that you would notice an ovarian cancer symptom? **SINGLE CODE - SHOWCARD A**

Not at all confident	Not very confident	Fairly confident	Very confident
1	2	3	4

INTERVIEWER READ OUT: ALL OF THE WARNING SIGNS AND SYMPTOMS MENTIONED PREVIOUSLY COULD BE (BUT ARE NOT NECESSARILY) WARNING SIGNS OF CANCER

SECTION B: BARRIERS TO SEEKING HELP

B1. The next set of questions is about what barriers may stop you from seeking help. Sometimes people put off going to see the doctor, even when they have a symptom that they think may be serious. Could you say if any of these might put you off going to the doctor? **INTERVIEWER CODE FOR EACH: [THERE ARE NO RIGHT OR WRONG ANSWERS TO THIS QUESTION]**

SHOWCARD B

	Yes, often	Yes, sometimes	No	Don't Know
I would be too embarrassed	1	2	3	4
I would be too scared	1	2	3	4
I would be worried about wasting the doctor's time	1	2	3	4
My doctor would be difficult to talk to	1	2	3	4
It would be difficult to make an appointment with my doctor	1	2	3	4
I would be too busy to make time to go to the doctor	1	2	3	4
I have too many other things to worry about	1	2	3	4
It would be difficult for me to arrange transport to the doctor's surgery	1	2	3	4
I would be worried about what the doctor might find	1	2	3	4
I wouldn't feel confident talking about my symptoms with the doctor	1	2	3	4

B2. Are there any other things which might put you off going to see the doctor?

Yes	1	→ Go to B3
No	2	→ Go to C1

B3. What other things would put you off going to see a doctor? RECORD OTHER THINGS MENTIONED [PROGRAMMER: LIST FIRST THING AND THEN SCORE AS B1]

	Yes, often	Yes, sometimes	No	Don't Know
Other 1 (specify)	1	2	3	4
Other 2 (specify)	1	2	3	4
Other 3 (specify)	1	2	3	4

SECTION C: RISK FACTORS

- C1. The next set of questions is about risk factors for cancer. What things do you think affect a person's chance of developing cancer? **INTERVIEWER NOTE: UNPROMPTED QUESTION**

Prompt with '**anything else**' until the respondent cannot think of any more signs. If the person says they do not know any, prompt with '**are you sure?**' and if necessary '**take a minute to think about it**'. RECORD all of the risk factors that the person mentions: **DO NOT ALLOW RESPONDENT TO SEE SCREEN**

Smoking	1
Exposure to another person's cigarette smoke (passive smoking)	2
Drinking alcohol	3
Not eating enough fruit and vegetables	4
Eating red or processed meat	5
Being overweight	6
Getting sun burnt/exposure to the sun	7
Older age	8
Family history/having a close relative with cancer/Hereditary	9
Infection with HPV (human papilloma virus)	10
Not doing enough exercise/physical activity	11
Diet (unspecified)	12
A high fat diet	13
A low fibre diet	14
Food additives	15
Being underweight	16
Genes/genetics	17
Infection with viruses (Unspecified/Other)	18
Having many sexual partners	19
Taking HRT/the (contraceptive) pill	20
Living near power lines	21
Pollution	22
Radiation	23
Stress	24
Other (please specify)	25
Nothing	26
Refusal	98
Don't know	99

C2. These are some of the things that experts say can increase a person's chance of developing cancer. How much do you agree that each of these can increase the chance of getting cancer? **CODE FOR EACH STATEMENT: SHOWCARD C**

INTERVIEWER NOTE: Only read out clarifications if necessary

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Smoking any cigarettes at all	1	2	3	4	5
Exposure to another person's cigarette smoke	1	2	3	4	5
Drinking more than 1 unit of alcohol a day (clarification – a unit of alcohol is 1 small measure of spirits, ½ a pint of lager of 3-4% strength, of ½ a small glass (175ml) of wine (12% strength)	1	2	3	4	5
Eating less than 5 portions of fruit and vegetables a day (clarification – a portion is equivalent to an apple, orange, banana or similar sized fruit, 2 plums or nectarines or similar sized fruit, a handful of grapes or berries, 1 tablespoon of raisins 2 serving spoons of cooked vegetables, beans or pulses or a dessert bowl of salad)	1	2	3	4	5
Eating red or processed meat once a day or more (clarification – processed meat includes bacon, ham, salami, corned beef, sausages)	1	2	3	4	5
Being overweight (clarification - BMI over 25) /obese	1	2	3	4	5
Getting sun burnt more than once as a child	1	2	3	4	5
Being over 70 years old	1	2	3	4	5
Having a close relative with cancer (clarification – a close relative means parents, children, brothers or sisters)	1	2	3	4	5
Infection with HPV (clarification – Human Papilloma virus)	1	2	3	4	5
Doing less than 30 mins of moderate physical activity 5 times a week (clarification – moderate physical activity includes anything that leaves you warm and slightly out of breath such as brisk walking, gardening, dancing or housework)	1	2	3	4	5
Using a sun bed	1	2	3	4	5
Exposure to radiation such as radioactive materials, x rays or radon	1	2	3	4	5

C3. In the next year, who is most likely to develop cancer? Someone in their...?

SINGLE CODE - SHOWCARD D

20s	1
30s	2
40s	3
50s	4
60s	5
70s	6
80s	7
Getting cancer isn't to do with your age	8

C4. Here is a picture of 100 people. Out of 100 people, how many do you think will develop cancer at some point in their life? **SHOWCARD E**

INTERVIEWER RECORD NUMBER:



Correct answer is 'more than 1 in 3', so around 35.

SECTION D: MOST COMMON CANCERS

D1. What do you think is the **most** common cancer in **men** in Northern Ireland?
SINGLE CODE

DO NOT PROMPT RESPONDENT: DO NOT ALLOW RESPONDENT TO SEE SCREEN
[NOTE TO PROGRAMMER: USE THE FOLLOWING ANSWER GRID FOR D1 THROUGH TO D6]

Bladder	1
Bowel/colorectal/rectal	2
Brain	3
Breast	4
Cervical/cervix	5
Kidney	6
Leukaemia	7
Liver	8
Lung	9
Lymphoma	10
Melanoma	11
Mesothelioma (protective lining of the lung, stomach, heart)	12
Multiple myeloma	13
Non-Hodgkin's lymphoma	14
Oesophagus/gullet/food pipe	15
Oral/mouth/oropharynx/lips/tongue	16
Ovarian	17
Pancreatic	18
Prostate	19
Skin	20
Stomach	21
Testicular	22
Throat	23
Uterus/endometrial/womb	24
Other	25
Refusal	98
Don't know	99

D2. What do you think is the **second** most common cancer in **men** in Northern Ireland? **DO NOT PROMPT RESPONDENT: SINGLE CODE**

D3. What do you think is the **third** common cancer in **men** in Northern Ireland? **DO NOT PROMPT RESPONDENT: SINGLE CODE**

INTERVIEWER READ OUT: The most common cancers in men in Northern Ireland are: Prostate cancer; colorectal cancer; and, lung cancer in that order

D4. What do you think is the **most** common cancer in **women** in Northern Ireland? **DO NOT PROMPT RESPONDENT: SINGLE CODE**

D5. What do you think is the **most** common cancer in **women** in Northern Ireland? **DO NOT PROMPT RESPONDENT: SINGLE CODE**

D6. What do you think is the **most** common cancer in **women** in Northern Ireland? **DO NOT PROMPT RESPONDENT: SINGLE CODE**

INTERVIEWER READ OUT: The most common cancers in women in Northern Ireland are: breast cancer; bowel / colorectal cancer; and, lung cancer in that order

SECTION E: CANCER SCREENING PROGRAMMES

The next set of questions is about cancer screening programmes.

BREAST SCREENING

E1. As far as you are aware, is there a Northern Ireland Breast Cancer Screening Programme? **SINGLE CODE**

Yes	3	→ Go to E2
No	2	→ WOMEN AGED 49+ GO TO E3 → OTHER WOMEN GO TO E4 → ALL MEN GO TO E5
Don't know	1	→ WOMEN AGED 49+ GO TO E3 → OTHER WOMEN GO TO E4 → ALL MEN GO TO E5

E2. At what age are women first invited for breast cancer screening?
INTERVIEWER RECORD AGE – IF DON'T KNOW RECORD '999'

INTERVIEWER READ OUT: The correct answer is between 49 and 52 for first invite
WOMEN AGED 49+ GO TO E3: OTHER WOMEN GO TO E4 AND ALL MEN GO TO E5

E3. **[ASK WOMEN AGED AGE 49+]**. Have you had a breast cancer screening test or mammogram in the past 5 years? **SINGLE CODE**

Yes	1
No	2
Don't know	3

E4. **[ASK ALL WOMEN]**. Thinking about breast cancer screening (mammograms), can you tell me how much you agree or disagree with each of the following statements? **CODE FOR EACH STATEMENT**
SHOWCARD F

	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
I would be so worried about what might be found at breast cancer screening that I would prefer not to have it	1	2	3	4	5
Breast cancer screening is only necessary if I have symptoms	1	2	3	4	5
Breast cancer screening could reduce my chance of dying from breast cancer	1	2	3	4	5

CERVICAL SCREENING PROGRAMME

E5. As far as you are aware, is there a Northern Ireland Cervical Cancer Screening Programme? **SINGLE CODE**

Yes	1	→ Go to E6
No	2	→ WOMAN AGED 25+ GO TO E7 → OTHER WOMEN GO TO E8 → ALL MEN GO TO E9
Don't know	3	→ WOMAN AGED 25+ GO TO E7 → OTHER WOMEN GO TO E8 → ALL MEN GO TO E9

E6. At what age are women first invited for cervical cancer screening?
INTERVIEWER RECORD AGE – IF DON'T KNOW RECORD '999'

INTERVIEWER READ OUT: The correct answer is 25
WOMAN AGED 25+ GO TO E7: OTHER WOMEN GO TO E8; ALL MEN GO TO E9

E7. **[ASK WOMEN AGED 25+]**. Have you had a cervical cancer screening test in the past 3 to 5 years? **SINGLE CODE**

Yes	1
No	2
Don't know	3

E8. **[ASK ALL WOMEN]**. Thinking about cervical cancer screening smear tests, can you tell me how much you agree or disagree with each statement? **CODE FOR EACH STATEMENT**
SHOWCARD G

	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
I would be so worried about what might be found at cervical cancer screening that I would prefer not to have it	1	2	3	4	5
Cervical cancer screening is only necessary if I have symptoms	1	2	3	4	5
Cervical cancer screening could reduce my chance of dying from cervical cancer	1	2	3	4	5

BOWEL CANCER SCREENING

E9. As far as you are aware, is there a Northern Ireland Bowel Cancer Screening Programme?

SINGLE CODE

Yes	1	→ Go to E10
No	2	→ Go to E11 IF AGED 60+ ELSE GO TO E12
Don't know	3	→ Go to E11 IF AGED 60+ ELSE GO TO E12

E10. At what age are people first invited for bowel cancer screening?
INTERVIEWER RECORD AGE – IF DON'T KNOW RECORD '999'

INTERVIEWER READ OUT: The correct answer is 60
IF AGED 60+ GO TO E11 ELSE GO TO E12

E11. **[ASK MEN AND WOMEN AGED AGE 60+].** Have you had a bowel cancer screening test in the past 4 years? **SINGLE CODE**

Yes	1
No	2
Don't know	3

E12. **[ASK ALL RESPONDENTS].** Thinking about bowel cancer screening, can you tell me how much you agree or disagree with each statement? **CODE FOR EACH STATEMENT**
SHOWCARD H

	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
I would be so worried about what might be found by doing the bowel cancer screening test that I would prefer not to do it	1	2	3	4	5
Bowel cancer screening is only necessary if I have symptoms	1	2	3	4	5
Bowel cancer screening could reduce my chance of dying from bowel cancer	1	2	3	4	5

SECTION F: HEALTH AND LIFESTYLE

F1. In general, would you say your health is ...? **SINGLE CODE SHOWCARD I**

Very good	Good	Fair	Poor	Very Poor
1	2	3	4	5

F2. How often have you visited your GP in the past 12 months?

INTERVIEWER RECORD NUMBER (IF 'DON'T KNOW' INSERT '99'):

F3. How easy or difficult is it for you to get to see a doctor if you have a symptom you think might be serious? **SINGLE CODE SHOWCARD J**

Very difficult	Somewhat difficult	Somewhat easy	Very easy	Don't Know
1	2	3	4	5

F4. Do you smoke at all these days, either cigarettes, including hand-rolled ones, pipes or cigars? **SINGLE CODE**

Yes	1	→ Go to G1
No	2	→ Go to F5

F5. Have you ever smoked either cigarettes, including hand-rolled ones, pipes or cigars? **SINGLE CODE**

Yes	1
No	2

SECTION G: BELIEFS AND KNOWLEDGE

G1. I'm going to read you some statements that are sometimes made about cancer. Can you tell me how much you agree or disagree with each one? **CODE FOR EACH STATEMENT: SHOWCARD K**

	Strongly agree	Agree	Disagree	Strongly disagree	Don't Know
These days, many people with cancer can expect to continue with normal activities and responsibilities.	1	2	3	4	5
Most cancer treatment is worse than the cancer itself.	1	2	3	4	5
I would not want to know if I have cancer.	1	2	3	4	5
Cancer can often be cured.	1	2	3	4	5
Going to the doctor as quickly as possible after noticing a symptom of cancer could increase the chances of surviving.	1	2	3	4	5
Some people think that a diagnosis of cancer is a death sentence. To what extent do you agree or disagree that a diagnosis of cancer is a death sentence?	1	2	3	4	5

I would now like you to think about people with different types of cancer and how long they may live after finding out they have cancer.

G2A. Out of 10 people diagnosed with **bowel cancer** in Northern Ireland, how many do you think would be alive 5 years later?

INTERVIEWER RECORD NUMBER (IF 'DON'T KNOW' INSERT '77'):

G2B. Out of 10 people diagnosed with **breast cancer**, how many do you think would be alive 5 years later?

INTERVIEWER RECORD NUMBER (IF 'DON'T KNOW' INSERT '77'):

G2C. Out of 10 people diagnosed with **ovarian cancer**, how many do you think would be alive 5 years later?

INTERVIEWER RECORD NUMBER (IF 'DON'T KNOW' INSERT '77'):

G2D. Out of 10 people diagnosed with **lung cancer**, how many do you think would be alive 5 years later?

INTERVIEWER RECORD NUMBER (IF 'DON'T KNOW' INSERT '77'):

G2E. Out of 10 people diagnosed with **prostate cancer**, how many do you think would be alive 5 years later?

INTERVIEWER RECORD NUMBER (IF 'DON'T KNOW' INSERT '77'):

INTERVIEWER ONLY READ OUT IF RESPONDENT ASKS: The correct answers are: bowel cancer: 5 people; breast cancer: 8 people; ovarian cancer: 3 people; lung cancer is 1 person; and, prostate cancer: 8 people.

SECTION H: AWARENESS OF EXISTING CANCER CAMPAIGNS

H1. Have you seen/heard any advertising about cancer recently? **SINGLE CODE**

Yes	1	➔ Go to H2
No	2	➔ Go to H5
Don't know	3	➔ Go to H5

H2. Where did you see or hear this advertising? **DO NOT PROMPT: CODE ALL MENTIONED**

TV	1
Radio	2
Newspaper	3
Poster	4
Leaflet	5
Online	6
Other (please specify)	7
Don't know / can't remember	8

IF POSTER MENTIONED AT H2 GO TO H3 ELSE GO TO H5

H3. Where did you see this poster? **DO NOT PROMPT: CODE ALL MENTIONED**

GP surgery	1
Hospital	2
Pharmacy	3
Library	4
Shop / supermarket	5
Bus	6
Other (please specify)	7
Don't know / can't remember	8

H4. What cancer was this about? **DO NOT PROMPT: CODE ALL MENTIONED**

Bladder	1
Bowel/colorectal/rectal	2
Brain	3
Breast	4
Cervical/cervix	5
Kidney	6
Leukaemia	7
Liver	8
Lung	9
Lymphoma	10
Melanoma	11
Mesothelioma (protective lining of the lung, stomach, heart)	12
Multiple myeloma	13
Non-Hodgkin's lymphoma	14
Oesophagus/gullet/food pipe	15
Oral/mouth/oropharynx/lips/tongue	16
Ovarian	17
Pancreatic	18
Prostate	19
Skin	20
Stomach	21
Testicular	22
Throat	23
Uterus/endometrial/womb	24
Other	25
Refusal	98
Don't know / can't remember	99

H5. If there was a new public information campaign on cancer in Northern Ireland, what cancers do you think this campaign should focus on? **DO NOT PROMPT: CODE ALL MENTIONED**

Bladder	1
Bowel/colorectal/rectal	2
Brain	3
Breast	4
Cervical/cervix	5
Kidney	6
Leukaemia	7
Liver	8
Lung	9
Lymphoma	10
Melanoma	11
Mesothelioma (protective lining of the lung, stomach, heart)	12
Multiple myeloma	13
Non-Hodgkin's lymphoma	14
Oesophagus/gullet/food pipe	15
Oral/mouth/oropharynx/lips/tongue	16
Ovarian	17
Pancreatic	18
Prostate	19
Skin	20
Stomach	21
Testicular	22
Throat	23
Uterus/endometrial/womb	24
Other	25
Refusal	98
Don't know	99

H6. How do you prefer to receive health information? **DO NOT PROMPT: SINGLE CODE**

TV	1
Radio	2
Newspaper	3
Poster	4
Leaflet	5
Online	6
Other (please specify)	7

H7. The next set of questions is related to the contribution of different factors to cancer development. Please put the following things in order of how much you think they contribute to getting cancer: Rank each from 1 to 5, where 1 = most important and 5 = least important. Only one answer for each factor. **(CODE MOST IMPORTANT THROUGH TO LEAST IMPORTANT)**

SHOWCARD L

	Rank 1 (Most important)	Rank 2	Rank 3	Rank 4	Rank 5 (Least important)
Ageing	1	1	1	1	1
Chance	2	2	2	2	2
Environmental factors (e.g. pollution, radiation)	3	3	3	3	3
Genetic inheritance (i.e. runs in the family)	4	4	4	4	4
Lifestyle (e.g. smoking, diet, physical activity)	5	5	5	5	5

H8. Have you, your family or close friends had cancer? **CODE FOR EACH**

	Yes	No	Don't Know	Prefer not to say
You	1	2	3	4
Partner	1	2	3	4
Close family member	1	2	3	4
Other family member	1	2	3	4
Close friend	1	2	3	4
Other friend	1	2	3	4

SECTION I: DEMOGRAPHIC QUESTIONS

I1. Are you...? **SINGLE CODE**

Male	1
Female	2
Transgender	3
Prefer not to say	4

I2. What age are you? **INTERVIEWER RECORD AGE: 'REFUSED CODE 99'**

13. Which of these best describes your ethnic group? **SINGLE CODE SHOWCARD M**

White: Northern Irish / British / English / Welsh / Scottish	1
White: Irish	2
White: Irish Traveller	3
White: Any other White background	4
Mixed: White and Black Caribbean	5
Mixed: White and Black African	6
Mixed: White and Asian	7
Mixed: Any other Mixed background	8
Asian or Asian British Indian	9
Asian or Asian British Pakistani	10
Asian or Asian British Bangladeshi	11
Asian or Asian British Any other Asian background	12
Black or Black British African	13
Black or Black British Caribbean	14
Black or Black British Any other Black background	15
Chinese	16
Other	17
Prefer not to say	18

14. What is your marital status? **SINGLE CODE: SHOWCARD N**

Single/never married	1
Married/living with partner	2
Married separated	3
Divorced	4
Widowed	5
Civil partnership	6
Prefer not to say	7

15. Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?" Include problems related to old age. **SINGLE CODE: SHOWCARD O**

Yes, limited a lot	1
Yes, limited a little	2
No	3
Prefer not to say	4

16. Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability or problems related to old age?" Do not count anything you do as part of your paid employment.

SINGLE CODE

No	1
Yes, 1-19 hours a week	2
Yes, 20-49 hours a week	3
Yes, 50+ hours a week	4
Prefer not to say	5

17. What is the highest level of education qualifications you have obtained? **SINGLE CODE: SHOWCARD P**

Degree or higher degree	1
Higher education qualification below degree level	2
A-levels or Scottish highers	3
ONC/BTEC	4
Still studying	5
O-level or GCSE equivalent (Grade A-C)	6
O-level or GCSE (Grade D-G)	7
No formal qualifications	8
Other (please specify)	9
Prefer not to say	10

18. Which of these best describes your living arrangement? **SINGLE CODE: SHOWCARD Q**

Own outright	1
Own mortgage	2
Rent Housing Executive/Housing Association	3
Rent privately	4
Squatting	5
Other (e.g. living with family/friends: please specify)	6
Prefer not to say	7

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

INTERVIEWER RECORD NUMBER OF YEARS: 'REFUSED CODE 99'

110. Are you currently..? **SINGLE CODE: SHOWCARD R**

Employed full-time	1
Employed part-time	2
Unemployed	3
Self-employed	4
Full-time homemaker	5
Retired	6
Still studying	7
Disabled or too ill to work	8
Retired	9
Prefer not to say	10

111. What is the occupation of the chief income earner in your household?
INTERVIEWER RECORD OCCUPATION

--

112. **INTERVIEWER RECORD SEG OF CHIEF INCOME EARNER - SINGLE CODE ONLY**

A	1
B	2
C1	3
C2	4
D	5
E	6

E13. Does your household own a car or van? **SINGLE CODE**

No	1
Yes, one	2
Yes, more than one	3
Prefer not to say	4

114. **INTERVIEWER PASS PDA TO RESPONDENT TO COMPLETE NEXT QUESTION:**

What is your sexual orientation?

Heterosexual / straight	1
Gay man	2
Gay woman / lesbian	3
Bisexual	4
Other	5
Prefer not to say	6

MANY THANKS AND NOW PLEASE HAND THE PDA BACK TO THE INTERVIEWER

115. What is your postcode?

INTERVIEWER RECORD IN BOX PROVIDED

B	T					
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116. INTERVIEWER RECORD LOCAL GOVERNMENT DISTRICT **SINGLE CODE ONLY**

Antrim	1	Down	14
Ards	2	Dungannon	15
Armagh	3	Fermanagh	16
Ballymena	4	Larne	17
Ballymoney	5	Limavady	18
Banbridge	6	Lisburn	19
Belfast	7	Magherafelt	20
Carrickfergus	8	Moyle	21
Castlereagh	9	Newry & Mourne	22
Coleraine	10	Newtownabbey	23
Cookstown	11	North Down	24
Craigavon	12	Omagh	25
Derry	13	Strabane	26

117. INTERVIEWER RECORD SAMPLE POINT NUMBER:

118. INTERVIEWER RECORD INTERVIEWER NUMBER:

Thank you for taking time to answer my questions. Now that the interview is over, would you like to ask any questions? Or do you have any comments?

CLOSE AND THANK RESPONDENT

Appendix 2 (Additional Suggestions for a Public Health Information Campaign)

Table A1: Additional verbatim suggestions on a public health information campaign on cancer (H5)	
	n
About testing and screening	1
Acting fast	1
Age awareness and testing early	1
All	3
All awareness	1
All cancer	1
All cancers	3
All cancers should be treated as fast as possible	1
All of them	1
All the symptoms	1
All types	1
And smoking awareness	1
Advice on help available	1
Aw	1
Awareness	1
Awareness of screening	1
Awareness of signs	1
Be aware and stop smoking and drinking	1
Being aware	1
Cancer is not a death sentence	1
Catching it early	1
Check	1
Children's cancer	1
Creating an awareness of all cancers	1
Do all of them	1
Early detection	8
Early detection proper care and treatment, Someone to talk to and put you at ease	1
Early testing	1
Eating healthy	1
Education and awareness	1
Every cancer	1
Focus on everybody at every age	1
Focus on young people going early for tests	1
Get checked	1
Get checked and be persistent	1
Get checked asap	1
Get checked out asap	1
Get help	1
Get help asap	1
Get people to go the GP	1
Get seen early	1
Get seen to quickly	1
Get to doctor asap	1
Get to your doctor quickly	1
Get treated	1

Getting checked	1
Getting checked early	1
Getting checked out early	1
Getting checked out quickly	1
Getting checked quickly	1
Getting people to get checked	1
Getting people to go to the doctor	1
Getting rid of the stigma of not going to the doctor	1
Getting seen quickly	1
Getting to the doctor and getting checked	1
Getting to the doctor quickly	1
Getting treated quick	1
Getting to the doctor early	1
Go and get checked	1
Go for test quickly	1
Go get checked out	1
Go into the schools to teach kids about cancer	1
Go quickly to get checked	1
Go to doctor asap	1
Go to get checked	1
Go to the doctor quickly	1
Go to your GP	1
Going early	1
Going to doctor asap	1
Going to get checked	1
Going to GP asap	1
Going to the doctor asap	1
Importance of screening and awareness of symptoms	1
It isn't to do with age	1
Just keep researching them all	1
Keeping people aware of the need to get checked for cancer	1
Kids	1
Less fear of it	1
Life after cancer and younger people	1
Lung	1
Male health	1
More aggressive ads, u could be anyone	1
More awareness	3
More awareness for men	1
More done about it one or two surgeries	1
More for men	1
More for men's cancer more awareness and research	1
More screening being done early detection	1
More screening for cancer	1
Myths surrounding cancer that scare people	1
None	1
Oesophical cancer	1

Other cancers not just the common ones	1
Positive outcome of early detection and treatment	1
Prevention	1
Prevention	1
Prevention and awareness	1
Prostate	1
Screening and treatment	1
Seeking help early	1
Signs and symptoms	1
Silent cancer	1
Symptoms	1
Smoking	1
Smoking and healthy lifestyle	1
Something personal	1
Stop smoking and look after yourself	1
Sun protection	1
Symptoms	1
Symptoms and what to do	1
Symptom awareness	1
Waiting time for doctors	1
What's causing	1
	126