

Camden, Islington and Haringey Cancer Awareness Survey 2019



An **Easy Read** Summary



Do you think any of these could be a
sign of cancer?



A **lump** or swelling, that you
don't know why it happened

☐

Yes

☐

Not
Sure

☐

No



Pain that **won't go away**
and **can't be explained**

☐

Yes

☐

Not
Sure

☐

No



Bleeding when you don't
know why

☐

Yes

☐




Not
Sure

☐

No






A **cough** that lasts longer than **3 weeks**

		
<input data-bbox="1054 300 1150 400" type="checkbox"/>	<input data-bbox="1206 300 1302 400" type="checkbox"/>	<input data-bbox="1358 300 1453 400" type="checkbox"/>
Yes	Not Sure	No






Change in **toilet habits** that last a long time

		
<input data-bbox="1054 678 1150 779" type="checkbox"/>	<input data-bbox="1206 678 1302 779" type="checkbox"/>	<input data-bbox="1358 678 1453 779" type="checkbox"/>
Yes	Not Sure	No






Difficulty swallowing that **doesn't get better**

		
<input data-bbox="1054 1041 1150 1142" type="checkbox"/>	<input data-bbox="1206 1041 1302 1142" type="checkbox"/>	<input data-bbox="1358 1041 1453 1142" type="checkbox"/>
Yes	Not Sure	No






A **mole** that has **changed** in **colour** or **size**

		
<input data-bbox="1054 1404 1150 1505" type="checkbox"/>	<input data-bbox="1206 1404 1302 1505" type="checkbox"/>	<input data-bbox="1358 1404 1453 1505" type="checkbox"/>
Yes	Not Sure	No



A **sore** which **does not heal**

		
<input data-bbox="1054 1769 1150 1870" type="checkbox"/>	<input data-bbox="1206 1769 1302 1870" type="checkbox"/>	<input data-bbox="1358 1769 1453 1870" type="checkbox"/>
Yes	Not Sure	No



Losing Weight Fast, when you don't know why

☐

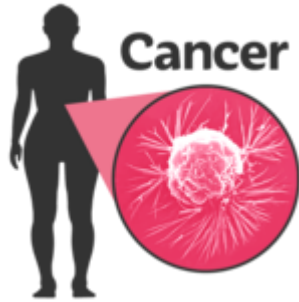
Yes

☐

Not
Sure

☐

No



Do you think any of these could **increase** a person's **risk of getting cancer**?



You **smoking**,
or another person smoking
around you

☐

Yes

☐

Not
Sure

☐

No



Not **eating enough fruits** or
vegetables

☐

Yes

☐

Not
Sure

☐

No



Being **overweight**

☐

Yes

☐

Not
Sure

☐

No



Having a close **family member** with **cancer**

☐

Yes

☐

Not
Sure

☐

No



Drinking **alcohol**

☐

Yes

☐

Not
Sure

☐

No



Eating too much **red** or **processed meat**

☐

Yes

☐

Not
Sure

☐

No



Being **Older**

☐

Yes

☐

Not
Sure

☐

No



Having **Warts** on your **Private Parts**

☐

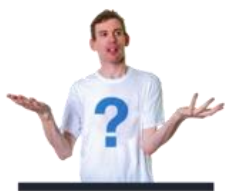
Yes

☐

Not
Sure

☐

No





How would you like to **get information** on cancer in a local campaign?

Please **choose 3** from the list below:

 <p><input type="checkbox"/> Face to Face</p>	 <p><input type="checkbox"/> Leaflets through your door</p>	 <p><input type="checkbox"/> On buses / public transport</p>
 <p><input type="checkbox"/> Radio</p>	 <p><input type="checkbox"/> Facebook, Twitter etc</p>	 <p><input type="checkbox"/> You Tube</p>
 <p><input type="checkbox"/> Local newspapers</p>	 <p><input type="checkbox"/> Council e-Newsletters</p>	 <p><input type="checkbox"/> Council website</p>
 <p><input type="checkbox"/> Posters / billboards</p>	 <p><input type="checkbox"/> Posters at your GP surgery or pharmacy</p>	 <p><input type="checkbox"/> Notices at community centres, places of worship etc</p>





If you are **invited for cancer screening**, will you take it?

	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No



If you have a **family member** who is invited for **cancer screening**, would you **encourage them to take it**?

	
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

About you



We need to hear the views of lots of different people.

We will not share the information you have told us.

We will follow the law called the **Data Protection Act 1998**.

This law says how we must treat the information you give us in a secure way.

What is your post code?



Please write your answer in the box, but without the last letter.

Please tell us more about you

(tick ☒ one box only)



1. Are you a

Camden resident ☐

Islington resident ☐

Haringey resident ☐

A business based in Camden ☐

A business based in Islington ☐

A business based in Haringey ☐

A Camden resident and a business based in Camden ☐

An Islington resident and a business based in Islington ☐

A Haringey resident and a business based in Haringey ☐

A resident of a neighbouring borough

Representing a voluntary/community organisation

Representing a public sector organisation

Other (please give details)

.....





Please tick the boxes that are right for you.

If your answers are from **a group**, please tick this box

☐

Please tell us what sort of group you are.

For example, you might represent a group in the community. |

More questions about you



I am **female**

☐

I am **male**

☐

I **don't want to say**

☐



My gender is different from how I was born.

☐

Some people feel that they are born in the wrong body so they choose how they want to be.

A man may choose to be a woman if this feels right for them, or a woman may choose to be a man.

My age group is



16-18		55-64	
18-24		65- 74	
25-34		74-84	
35-44		85 and above	
45-54		Prefer not to say	



I am **pregnant**

☐

I am on **maternity leave**

☐


My ethnic origin is

Asian / Asian British		Other ethnic group	
Bangladeshi		Arab	
Chinese		Other. Please tell us	
Indian		White	
Pakistani		British	
Other. Please tell us		Greek/Greek Cypriot	
Black/African/Caribbean/ Black British		Gypsy or Irish Traveller	
African		Irish	
British		Turkish/Turkish Cypriot	
Caribbean		Other. Please tell us	

Other. Please tell us		Don't want to say	
Mixed/ Multiple ethnic groups			
White and Asian			
White and Black African			
White and Black Caribbean			
Other. Please tell us			

Disability



Do you have a disability or long-term health condition?

☐

Yes

☐

No

If you answered yes, please choose the definition(s) from the list below that best describes your disability/disabilities

Learning disability		Reduced physical capacity	
Hearing - such as deaf, partially deaf or hard of hearing		Severe disfigurement	
Vision - such as blind or fractional/partial sight		Learning difficulties - such as dyslexia	
		Mental Illness - such as severe depression	
Speech – such as problems with speaking		Physical co-ordination - such as picking up and holding things	
Mobility - such as wheelchair user, artificial lower limb(s), walking aids, rheumatism or arthritis		Other disability, please tell us	
I prefer not to say			

My religion or belief



Agnostic		Jain	
Atheist		Jewish	
Baha'i		Muslim	
Buddhist		Sikh	
Christian		No Religion	
Hindu		Other. Please tell us	
Humanist		Prefer not to say	

My sexual orientation



Bisexual		Heterosexual	
Lesbian		Prefer not to say	
Gay			

Thank you for answering our questions.



If you want to find out more, **Marie Curie Cancer Care** have Easy Read Leaflets here

<https://www.mariecurie.org.uk/help/support/publications/easy-reads#>



Please return to:

CIPHAdmin@islington.gov.uk

Or

Camden and Islington Public Health Admin

222 Upper St

London

N1 1XR