**Project Title: Cancer Awareness and Screening in Women with Intellectual Disabilities.**

This questionnaire is the Cancer Awareness Measure (CAM) for this project. It should take about 10-15 minutes to complete. Your opinion is important to us.

It would be best to complete the survey without checking the internet or books for the answers as we are interested in your opinion.

The questionnaire is comprised of four sections. Please complete all four sections.

Section A: Breast Cancer Awareness Measure.

Section B: Cervical Cancer Awareness Measure.

Section C: Cancer Awareness Measure.

Section D: Demographic Questions.

Please return the completed CAM questionnaire to Ms Mary Reidy in the stamped addressed envelope provided by **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Thank you for your time.

Section A: Breast Cancer Awareness

Measure

Toolkit (version 2)

This survey instrument (Breast CAM) was developed by Cancer Research UK, King’s College London and University College London in 2009 and validated with the support of Breast Cancer Care and Breakthrough Breast Cancer.

**Instructions for completion of the Breast- CAM**

1. Please do not alter any of the information in the CAM questionnaire.
2. Please answer each question in the CAM, we are interested in your opinion.

**Q1:The following may or may not be warning signs for breast cancer. We are interested in your opinion. Please indicate your answer with an X.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| Do you think a lump or thickening in your breast could  be a sign of breast cancer? |  |  |  |
| Do you think a lump or thickening under your armpit  could be a sign of breast cancer? |  |  |  |
| Do you think bleeding or discharge from your nipple  could be a sign of breast cancer? |  |  |  |
| Do you think the pulling in of your nipple could be a sign  of breast cancer? |  |  |  |
| Do you think a change in the position of your nipple  could be a sign of breast cancer? |  |  |  |
| Do you think a rash on or around your nipple could be a  sign of breast cancer? |  |  |  |
| Do you think redness of your breast skin could be a sign  of breast cancer? |  |  |  |
| Do you think a change in the size of your breast or  nipple could be a sign of breast cancer? |  |  |  |
| Do you think a change in the shape of your breast or  nipple could be a sign of breast cancer? |  |  |  |
| Do you think pain in one of your breasts or armpit could  be a sign of breast cancer? |  |  |  |
| Do you think dimpling of the breast skin could be a sign  of breast cancer? |  |  |  |

**Q2a. How often do you check your breasts? Please indicate your answer with an X.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rarely or never** | **At least once every 6 months** | **At least once a month** | **At least once a week** |
|  |  |  |  |

**Q2b. Are you confident you would notice a change in your breasts? Please indicate your answer with an X.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Not at all confident** | **Not very confident** | **Fairly confident** | **Very confident** |
|  |  |  |  |

**Q2c. Have you ever been to see a doctor about a change you have noticed in one of your breasts? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Never noticed a change in one of my breasts** |
|  |  |  |

|  |
| --- |
| **Q3. If you found a change in your breast, how soon would you contact your doctor to make an appointment to discuss it? Please write your answer below.** |
|  |

|  |  |
| --- | --- |
| **Q4. In the next year, who is most likely to develop breast cancer? Please indicate your opinion with an X** |  |
| A 30 year old woman |  |
| A 50 year old woman |  |
| A 70 year old woman |  |
| A woman of any age |  |

|  |
| --- |
| **Q5. What things do you think affect a woman’s chance of developing breast cancer?**  **Please write your answer in this box.** |

**Q6a.** **As far as you are aware is there a national breast screening programme in Ireland? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

**If your answer to Q. 6a was yes, please answer the following two questions, otherwise please go to Q 6b**

**If yes, at what age are women first invited for breast screening?**

|  |  |
| --- | --- |
| **Age** | **Don’t know** |
|  |  |

**If yes, at what age are women last invited for breast screening?**

|  |  |
| --- | --- |
| **Age** | **Don’t know** |
|  |  |

**Q6b**. **Have you ever been invited for breast screening on the national breast screening programme? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

**6c**. **Have you ever had breast screening on the national breast screening programme? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

Section B: Cervical Cancer Awareness Measure

Cervical Cancer Awareness Measure Toolkit Version 2.1 Updated 09.02.11

This survey instrument (the Cervical CAM) was developed by the UCL Health Behaviour Research Centre, in collaboration with the Department of Health Cancer Team and The Eve Appeal, with funding from The Eve Appeal. It forms part of the Cervical Cancer Awareness and Symptoms Initiative (CCASI). It is based on a generic CAM developed by Cancer Research UK, University College London, King’s College London and Oxford University in 2007-08.



**Instructions for completion of the Cervical- CAM**

1. Please do not alter any of the information in the CAM questionnaire.
2. Please answer each question in the CAM, we are interested in your opinion.

**Q1. The following may or may not be warning signs for cervical cancer. We are interested in your opinion: Please indicate your answer with an X.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** |
| Do you think vaginal bleeding between periods could be a sign of cervical cancer? |  |  |  |
| Do you think persistent lower back pain could be a sign of cervical cancer? |  |  |  |
| Do you think persistent vaginal discharge which smells unpleasant could be a sign of cervical cancer? |  |  |  |
| Do you think discomfort or pain during sex could be a sign of cervical cancer? |  |  |  |
| Do you think menstrual periods that are heavier of longer than usual could be a sign of cervical cancer? |  |  |  |
| Do you think persistent diarrhoea could be a sign of cervical cancer? |  |  |  |
| Do you think vaginal bleeding after the menopause could be a sign of cervical cancer? |  |  |  |
| Do you think persistent pelvic pain could be a sign of cervical cancer? |  |  |  |
| Do you think vaginal bleeding during or after sex could be a sign of cervical cancer? |  |  |  |
| Do you think blood in the stool or urine could be a sign of cervical cancer? |  |  |  |
| Do you think unexplained weight loss could be a sign of cervical cancer? |  |  |  |

**Q2. How confident are you that you would notice a cervical cancer symptom? Please indicate your answer with an X.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Not at all confident** | **Not very confident** | **Fairly confident** | **Very confident** |
|  |  |  |  |

|  |
| --- |
| **Q3. If you had a symptom that you thought might be a sign of cervical cancer how soon would you contact your doctor to make an appointment to discuss it? Please write your answer below.** |
|  |

|  |  |
| --- | --- |
| **Q4. In the next year, who is most likely to develop cervical cancer? Please indicate your answer with an X** |  |
| A woman aged 20-29 years |  |
| A woman aged 30-49 years |  |
| A woman aged 50-69 years |  |
| A women aged 70 or over |  |
| Cervical cancer is unrelated to age |  |

|  |
| --- |
| **Q5. What things do you think affect a woman’s chance of developing cervical cancer? Please write your answer in this box.** |

**Q6a.** **As far as you are aware is there a national cervical screening programme in Ireland? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

**If your answer to Q. 6a was Yes, please answer the next question, otherwise please go to Q 6b**

**If yes, at what age are women first invited for cervical screening?**

|  |  |
| --- | --- |
| **Age** | **Don’t know** |
|  |  |

**Q6b**. **Have you ever been invited for cervical screening on the national cervical screening programme? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

**6c**. **Have you ever had cervical screening on the national cervical screening programme? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

**Q6a.** **As far as you are aware is there is there a national vaccination programme to protect against cervical cancer? Please indicate your answer with an X.**

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Don’t know** |
|  |  |  |

**If yes, at what age is this first offered?**

|  |  |
| --- | --- |
| **Age** | **Don’t know** |
|  |  |

Section C: Cancer Awareness Measure

Cancer Awareness Measure toolkit version 2.1 Updated 09.02.11

This survey instrument (CAM) was developed by Cancer Research UK, University College London, Kings College London, and University of Oxford in 2007-2008.

**Instructions for completion of the CAM**

1. Please do not alter any of the information in the CAM questionnaire.
2. Please answer each question in the CAM, we are interested in your opinion.

**Q1. Sometimes people put off going to see the doctor, even when they have a symptom that they think might be serious. Could you say if any of these might put you off going to see the doctor?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes**  **Often** | **Yes**  **sometimes** | **No** | **Don’t know** |
| I would be embarrassed |  |  |  |  |
| I would be scared |  |  |  |  |
| I would be worried about wasting the doctor’s time |  |  |  |  |
| My doctor would be difficult to talk to |  |  |  |  |
| It would be difficult to make an appointment with my doctor |  |  |  |  |
| I would be too busy to make time to go to the doctor |  |  |  |  |
| I have too many other things to worry about |  |  |  |  |
| It would be difficult for me to arrange transport to the doctor’s surgery |  |  |  |  |
| I would be worried about what the doctor might find |  |  |  |  |
| I wouldn’t feel confident talking about my symptom with the doctor |  |  |  |  |
| Other (please specify) |  |  |  |  |

**Section D:**

**Demographic Questions**

We would now like to ask you a few questions about yourself. This will help us to analyse the results of the survey. The data collected will help us to identify specific age or demographic groups of people who are in need of more information about cancer. You will not be asked your name and all of your answers will be kept strictly confidential and anonymous. Your personal data will be held in accordance with the Data Protection Act 1988-2003.

|  |  |
| --- | --- |
| **1. What is your age?** |  |
|  | Prefer not to say |

|  |  |  |
| --- | --- | --- |
| **2. What is your gender?** |  |  |
| Male | Female | Prefer not to say |

|  |  |
| --- | --- |
| **3: What is your carer status?** |  |
| Family Carer |  |
| Health Care Assistant |  |
| Nurse |  |
| Social Care Worker |  |
| Other |  |
| Prefer not to say |  |

**4. Have you, your family or close friends had cancer?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** | **Prefer not to say** |
| You |  |  |  |  |
| Partner |  |  |  |  |
| Close family member |  |  |  |  |
| Other family member |  |  |  |  |
| Close friend |  |  |  |  |
| Other friend |  |  |  |  |

Thank you for taking the time to complete this questionnaire.