

Community Cancer Survey

Pilot: Boston, Saturday 17th March 2001

Keep this top sheet for your information

Who gets included?

- Everyone living in this household (whether or not they have been diagnosed with cancer).
- Anyone from this household who has died from any cause within the last ten years.
- Any pets, or farm animals, associated with you, that have died of cancer.
- Have you moved within the last ten years from another residence in the study area? If so, please also complete a survey form for any child, spouse, or grandparent, who died while living with you in that former household.

How to fill it out

Each person can fill out his or her own survey form or can ask someone to help. Someone should complete a survey form for those who cannot do it themselves (eg children, or anyone who has moved from your household in the last year). Mark in on the *map* (at the back) where you live.

What then?

Send completed survey forms to: Lincolnshire Against Cancer
The Old School House, School Lane, Old Leake, nr Boston, Lincolnshire PE22 9NJ

Need help?

Phone: Maureen Dennis, Lincolnshire Against Cancer tel 01205 870887

Confidentiality and data protection

Lincolnshire Against Cancer will treat all information provided in this survey as strictly confidential, and the identities of all participants will be protected. No information which identifies any person will be disclosed. Survey returns will be analysed, and results will only be disclosed in an anonymised form, in the interests of public health. Lincolnshire Against Cancer is notified with the Office of the Information Commissioner, and this survey complies with the Data Protection Act 1998.

If you are not in the study area (see map at the back):

You can use this questionnaire as a basis for a cancer survey in your own area. Lincolnshire Against Cancer would be pleased to advise anyone setting up a similar study elsewhere, but regrettably resources do not allow us to organise surveys outside our area, or to analyse the results.

PEX Action on Pesticide Exposure
Eurolink Centre 49 Effra Road
London SW2 1BZ
Tel 020 7274 6611

Lincolnshire Against Cancer
The Old School House School Lane
Old Leake nr Boston
Lincs PE22 9NJ
Tel 01205 870887

Women's Environmental Network 1
PO Box 30626 4 Pinchin St
London E1 1TZ Tel 020 7481 9004

Note: give your best guess if you are unsure of the answers to any of the following questions

Date of birth

(If the person no longer living, please also provide year of death):

Sex: M F

How long in the study area (see enclosed map):

Main source of drinking water has been

Tap water _____ years

Other source (write in) _____ for _____ years

Main source of home heating has been:

Oil for _____ years

Gas for _____ years

Wood for _____ years

Electric for _____ years

Smoked Cigarettes? Y N

Number of cigarettes per day, on average: _____

Have given up smoking? Y N

Given up how long ago?

Medication: have you taken, or do you take medication(s), and, if so, for how long?

Are you taking, or have you taken, the contraceptive pill in the last ten years, and, if so, for how long?

Are you having, or have you had, Hormone Replacement Therapy in the last ten years, and, if so, for how long?

Implants: do you have any of the following:

Pacemaker

Surgical pin(s)

Norplant contraceptive device

IUD

Silicone implant or injection

GENERAL QUESTIONS

You do not have to give your name and address, but if you do, Lincolnshire Against Cancer can communicate with you directly about the survey and any results (see Confidentiality and Data Protection, above).

If you *consent* to providing your identity and contact details, please insert them here.

Name:

Address:

Postcode:

Email:

Otherwise, please enter your postal code into this box

- Liver
- Gallbladder, bile ducts
- Pancreas
- Other digestive organs
- RESPIRATORY ORGANS
- Nose, sinuses
- Larynx, epiglottis
- Lung, trachea
- Pleura (Mesothelioma)
- BREAST
- FEMALE GENITAL ORGANS
- Cervix uteri(cervical)
- Uterus (uterine)
- Ovary (ovarian)
- Other female genital
- MALE GENITAL ORGANS
- Prostate
- Testis (testicular)
- Other male genital
- URINARY ORGANS
- Kidney
- Bladder, ureter

- MELANOMA
- SKIN, NON-MELANOMA (BASAL, SQUAMOUS)
- NERVOUS SYSTEM (BRAIN, SPINAL CORD)
- THYROID GLAND
- BONE
- SOFT ISSUES (MUSCLES, FAT, TENDONS)
- NON-HODGKIN'S LYMPHOMA
- LEUKAEMIA
- MULTIPLE MYELOMA
- MYELOYDYSPLASIA
- APLASTIC ANAEMIA

If you do not see the specific cancer in the list above, please describe it in your own words.

CANCER QUESTIONS

Q. Ask your grandparents, if you have them, how many children, when they were children, they can remember dying of cancer.

Q. How many people do your grandparents (or grandparent) know who have died of cancer in the last ten years?

Q. Ask your parents how many children, when they were children, they can remember dying of cancer.

Q. How many people do your parents (or parent) know who have died of cancer in the last ten years?

Q. How many children, when you were a child, can you remember dying of cancer.

Q. How many people do you know who have died of cancer in the last ten years?

Q. Have you or the person for whom you are filling out this form been diagnosed with any of the following cancers within the last 10 years? Give only the first cancer that was diagnosed - where in the body it started.

	✓	Year of diagnosis (only since 1990)
MOUTH		
Lip	<input type="checkbox"/>	
Tongue	<input type="checkbox"/>	
Salivary glands	<input type="checkbox"/>	
Pharynx	<input type="checkbox"/>	
Other mouth areas	<input type="checkbox"/>	
DIGESTIVE ORGANS		
Oesophagus	<input type="checkbox"/>	
Stomach	<input type="checkbox"/>	
Bowel, colon, small intestine	<input type="checkbox"/>	
Rectum or rectosigmoid	<input type="checkbox"/>	

Food, beverage production	<input type="checkbox"/>	_____ to _____
Welder, solderer, metalworker	<input type="checkbox"/>	_____ to _____
Mechanic, machine maintenance	<input type="checkbox"/>	_____ to _____
Foundry	<input type="checkbox"/>	_____ to _____
Rubber	<input type="checkbox"/>	_____ to _____
Plastics	<input type="checkbox"/>	_____ to _____
Electrical, electronics	<input type="checkbox"/>	_____ to _____
Jewelry	<input type="checkbox"/>	_____ to _____
Glass	<input type="checkbox"/>	_____ to _____
Ceramic	<input type="checkbox"/>	_____ to _____
Printing	<input type="checkbox"/>	_____ to _____
Painting	<input type="checkbox"/>	_____ to _____
Other manufacturing on industry job	<input type="checkbox"/>	_____ to _____
Construction trades and labour	<input type="checkbox"/>	_____ to _____
Material handling, dockers, shipping, marine	<input type="checkbox"/>	_____ to _____
Communications		
Telephone engineer	<input type="checkbox"/>	_____ to _____
Telephone operator	<input type="checkbox"/>	_____ to _____
Call centre	<input type="checkbox"/>	_____ to _____
Drivers, taxi, transport	<input type="checkbox"/>	_____ to _____
Education, schools	<input type="checkbox"/>	_____ to _____
School, teacher	<input type="checkbox"/>	_____ to _____
School support staff	<input type="checkbox"/>	_____ to _____
School maintenance, caretaker	<input type="checkbox"/>	_____ to _____
Healthcare		
Healthcare professional	<input type="checkbox"/>	_____ to _____
Health care support staff	<input type="checkbox"/>	_____ to _____
Health care maintenance, caretaker	<input type="checkbox"/>	_____ to _____
Other (write in)		

WORK QUESTIONS

Q. What work do you do now, and have you done?

		Years worked (eg 1956 to 1971)
Housewife/Husband	<input type="checkbox"/>	_____ to _____
Student	<input type="checkbox"/>	_____ to _____
Professional, administrative	<input type="checkbox"/>	_____ to _____
Clerical, office	<input type="checkbox"/>	_____ to _____
Sales	<input type="checkbox"/>	_____ to _____
Services	<input type="checkbox"/>	_____ to _____
Cleaners	<input type="checkbox"/>	_____ to _____
Hotels and catering, waiters, Bar, chefs	<input type="checkbox"/>	_____ to _____
Hospitality	<input type="checkbox"/>	_____ to _____
Hairdressers	<input type="checkbox"/>	_____ to _____
Firefighters	<input type="checkbox"/>	_____ to _____
Police, Security	<input type="checkbox"/>	_____ to _____
Agriculture		
Crop	<input type="checkbox"/>	_____ to _____
Animal, livestock	<input type="checkbox"/>	_____ to _____
Orchard	<input type="checkbox"/>	_____ to _____
Greenhouse	<input type="checkbox"/>	_____ to _____
Agricultural pack houses	<input type="checkbox"/>	_____ to _____
Agricultural suppliers, services	<input type="checkbox"/>	_____ to _____
Agricultural pesticide, sprayers	<input type="checkbox"/>	_____ to _____
Land industry	<input type="checkbox"/>	_____ to _____
Landscaping, groundskeeping	<input type="checkbox"/>	_____ to _____
Local authority	<input type="checkbox"/>	_____ to _____
Landscaping, groundskeeping	<input type="checkbox"/>	_____ to _____
Other (specify)		
Commercial fishing	<input type="checkbox"/>	_____ to _____
Manufacturing industry	<input type="checkbox"/>	_____ to _____
Petrol refinery, oil, gas extraction	<input type="checkbox"/>	_____ to _____
Chemical industry	<input type="checkbox"/>	_____ to _____

YOUR THOUGHTS

This section is for your own thoughts. Only put in your thoughts - please use a separate survey form for anyone else's.

Q. Are there any comments or observations that you would like to make about the health of your community?

Q. Do you have any ideas about possible causes of illnesses in your community?

Q. Was there anything about any of the job(s) listed on the previous pages that you think might have caused health problems?

Thank you for participating in this study.
The results will be reported to the community as
soon as they are available.

FOR MORE INFORMATION CONTACT:

Lincolnshire Against Cancer tel 01205 870887

PEX Action on Pesticide Exposure tel 020 7274 6611

WEN Women's Environmental Network tel 020 7481 9004

HOME LIFE QUESTIONS

Approximately how much of the **food** you eat in your household is organic?

5% 10% 20% 30% 50% 75% 90%

Is your home near a **telecommunications installation**? If so, how near, approximately, in metres (you can provide a map if you wish)?

Is your home near **pylons**? If so, how near, approximately, in metres (you can provide a map if you wish)?

Is your home near **farmed fields**, or a farm?

Arable

Horticultural (vegetables)

Dairy/grassland

Intensive pig or poultry units

Other

If so, how near, approximately, in metres (you can provide a map if you wish)?

Name any **toiletries** which you always buy:

Toothpaste _____

Shampoo _____

Cleansers _____

Underarm deodorants _____

Have you experienced any problems with any underarm deodorants? _____

Cosmetics _____

Headlice insecticides _____

Other _____

Name any **house-cleaning products** which you always buy:

Floor-cleaning products _____

Furniture polish _____

Other _____

Name any **garden products** which you always buy:

Fertilisers _____

Garden pesticides _____

What kind of **pets** do you have, and for how long have you had them?

Have any of them become ill or died in the last ten years?

If so, of what (if known)? What pet parasite products, for example, flea products, do you buy and use regularly?

COMMUNITY CANCER SURVEY AREA:

outlined below

Lincolnshire Against Cancer

Please mark on this map where you live

