



**Easy
Read**

NHS

**Somerset, Wiltshire,
Avon and Gloucestershire**
Cancer Alliance

Your experiences with using cancer services

Tell us what you think



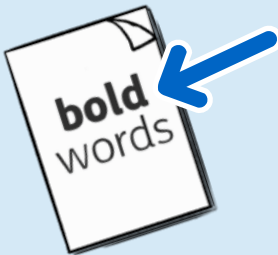
Easy Read



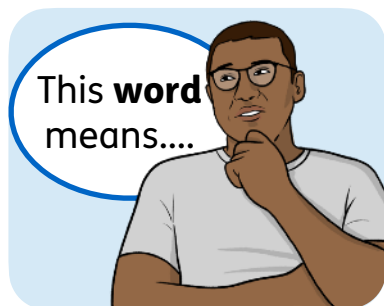
This is an Easy Read version of some information. It may not include all of the information but it will tell you about the important parts.



This Easy Read booklet uses easier words and pictures. Some people may still want help to read it.



Some words are in **bold** - this means the writing is thicker and darker. These are important words in the booklet.



Sometimes if a bold word is hard to understand, we will explain what it means.



[Blue and underlined](#) words show links to websites and email addresses. You can click on these links on a computer.

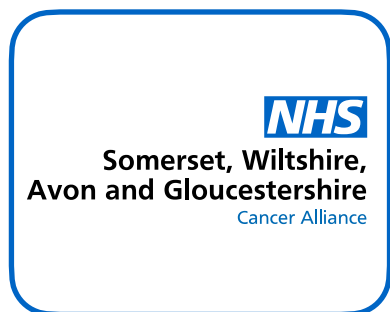
What is in this booklet

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You can fill in a quick survey to say what you think about this Easy Read booklet:
<https://www.easy-read-online.co.uk/easy-read-feedback-survey>

About this survey



This survey is from Somerset, Wiltshire, Avon and Gloucestershire (SWAG).

We are part of the NHS.



We work with hospitals, GPs and other NHS organisations to improve cancer services in your local area.



Please fill out this survey to tell us about your experiences with cancer services.

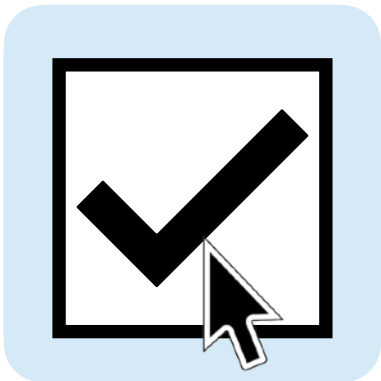


We will keep all the information you give us safe and private.

How to use this survey on a computer



You can complete this survey on your computer. First you will need to download it.



When you open the survey on your computer, you will be able to click on the tick boxes and write in the text boxes.



When you have finished the survey, save it to your computer and email a copy to:

[PLEASE PROVIDE EMAIL ADDRESS](#)

About where you live



Question 1: Where do you live?

☐

Bristol.

☐

Bath and North East Somerset.

☐

Gloucestershire.

☐

South Gloucestershire.

☐

Somerset.

☐

North Somerset.

☐

Wiltshire.

About your experiences



Question 2: Have you or has someone you care about ever tried to use **cancer screening services**?

Cancer screening services are checks to see if you are starting to get cancer.

☐

Yes.

☐

No.

☐

I do not know.



Question 3: Did anything make it harder to use **cancer screening services**?

Please tick all the answers that apply.

☐

Problems with transport.

☐

Cost of the service or travel.

☐

The appointment times did not suit me or my loved one.

There are more answers on the next page.



Did anything else make it harder to use **cancer screening services**?

Please tick all the answers that apply.

- ☐ The services were too far away or difficult to get to.
- ☐ Being too busy caring for someone else, like a child.
- ☐ Being too busy at work.
- ☐ Not having enough information about the services.
- ☐ Not understanding the language that information was given in.
- ☐ Worrying about what other people would think.
- ☐ Feeling embarrassed.
- ☐ Religious beliefs.
- ☐ Not having a phone or a way to use the internet.
- ☐ Bad experiences with using health services in the past.

There are more answers on the next page.



Did anything else make it harder to use **cancer screening services**?

Please tick all the answers that apply.

- ☐ Being scared of finding out that it is cancer.
- ☐ Long waiting times.
- ☐ Not enough support from family or friends.
- ☐ Confusing information.
- ☐ The service was difficult to use.
- ☐ I heard that someone else had a bad experience with this service.
- ☐ I did not need these services.
- ☐ Something else - please say:



Question 4: How often do you feel like health staff listened to and respected you when you used **cancer screening services**?

☐

Always.

☐

Often.

☐

Sometimes.

☐

Not often.

☐

Never.

☐

I have never used cancer screening services.



Question 5: Have you or has someone you care about ever tried to use **diagnostic cancer services**?

Diagnostic cancer services are tests and scans to find out if you have cancer.

☐

Yes.

☐

No.

☐

I do not know.



Question 6: Did anything make it harder to use **diagnostic cancer services**?

Please tick all the answers that apply.

☐

Problems with transport.

☐

Cost of the service or travel.

☐

The appointment times did not suit me or my loved one.

There are more answers on the next page.



Did anything else make it harder to use **diagnostic cancer services**?

Please tick all the answers that apply.

- ☐ The services were too far away or difficult to get to.
- ☐ Being too busy caring for someone else, like a child.
- ☐ Being too busy at work.
- ☐ Not having enough information about the services.
- ☐ Not understanding the language that information was given in.
- ☐ Worrying about what other people would think.
- ☐ Feeling embarrassed.
- ☐ Religious beliefs.
- ☐ Not having a phone or a way to use the internet.

There are more answers on the next page.



Did anything else make it harder to use **cancer diagnostic services**?

Please tick all the answers that apply.

- ☐ Bad experiences with using health services in the past.
- ☐ Being scared of having cancer.
- ☐ Long waiting times.
- ☐ Not enough support from family or friends.
- ☐ Confusing information.
- ☐ The service was difficult to use.
- ☐ I heard that someone else had a bad experience with this service.
- ☐ I did not need these services.
- ☐ Something else - please say:



Question 7: How often do you feel like health staff listened to and respected you when you used **diagnostic cancer services**?

☐

Always.

☐

Often.

☐

Sometimes.

☐

Not often.

☐

Never.

☐

I have not used diagnostic cancer services.



Question 8: Have you or has someone you care about ever tried to get **cancer treatment**?

☐

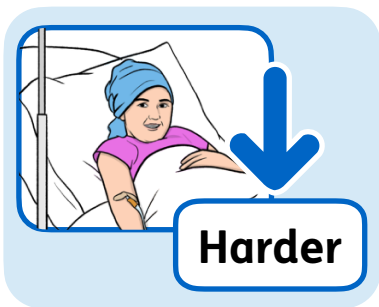
Yes.

☐

No.

☐

I do not know.



Question 9: Did anything make it harder to get **cancer treatment**?

Please tick all the answers that apply.

☐

Problems with transport.

☐

Cost of the service or travel.

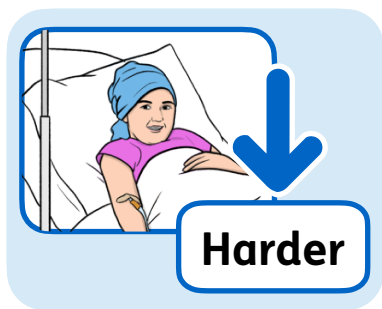
☐

The appointment times did not suit me or my loved one.

☐

The services were too far away or difficult to get to.

There are more answers on the next page.

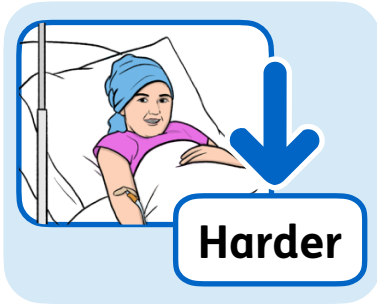


Did anything else make it harder to get **cancer treatment**?

Please tick all the answers that apply.

- ☐ Being too busy caring for someone else, like a child.
- ☐ Being too busy at work.
- ☐ Not having enough information about the treatment.
- ☐ Not understanding the language that information was given in.
- ☐ Worrying about what other people would think.
- ☐ Feeling embarrassed.
- ☐ Religious beliefs.
- ☐ Not having a phone or a way to use the internet.
- ☐ Bad experiences with using health services in the past.

There are more answers on the next page.



Did anything else make it harder to get **cancer treatment**?

Please tick all the answers that apply.

☐

Being scared of having cancer.

☐

Long waiting times.

☐

Not enough support from family or friends.

☐

Confusing information.

☐

The service was difficult to use.

☐

I heard that someone else had a bad experience with this service.

☐

I did not need these services.

☐

Something else - please say:



Question 10: How often do you feel like health staff listened to and respected you when you got **cancer treatment**?

☐

Always.

☐

Often.

☐

Sometimes.

☐

Not often.

☐

Never.

☐

I have never had cancer treatment.



Question 11: Have you or has someone you care about ever talked to health staff about **cancer symptoms**?

Cancer symptoms are signs in your body that show you might have cancer.

☐

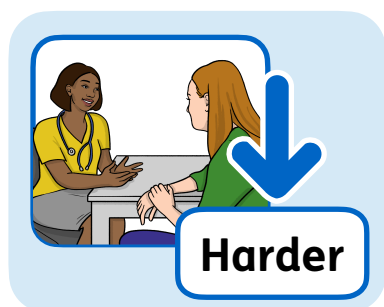
Yes.

☐

No.

☐

I do not know.



Question 12: Did anything make it harder to talk to health staff about **cancer symptoms**?

Please tick all the answers that apply.

☐

Problems with transport.

☐

Cost of the service or travel.

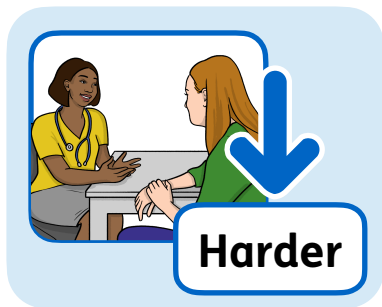
☐

The appointment times did not suit me or my loved one.

☐

The services were too far away or difficult to get to.

There are more answers on the next page.

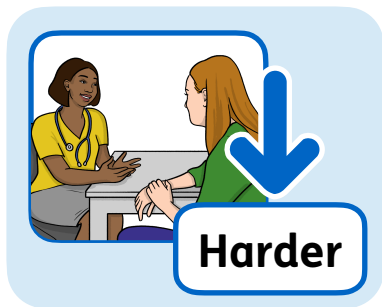


Did anything else make it harder to talk to health staff about **cancer symptoms**?

Please tick all the answers that apply.

- ☐ The services were too far away or difficult to get to.
- ☐ Being too busy caring for someone else, like a child.
- ☐ Being too busy at work.
- ☐ Not having enough information about the services.
- ☐ Not understanding the language that information was given in.
- ☐ Worrying about what other people would think.
- ☐ Feeling embarrassed.
- ☐ Religious beliefs.
- ☐ Not having a phone or a way to use the internet.

There are more answers on the next page.



Did anything else make it harder to talk to health staff about **cancer symptoms**?

Please tick all the answers that apply.

- ☐ Bad experiences with using health services in the past.
- ☐ Being scared of having cancer.
- ☐ Long waiting times.
- ☐ Not enough support from family or friends.
- ☐ Confusing information.
- ☐ The service was difficult to use.
- ☐ I heard that someone else had a bad experience with this service.
- ☐ I did not need this service.
- ☐ Something else - please say:



Question 13: How often do you feel like health staff listened to and respected you when you talked to them about **cancer symptoms**?

☐

Always.

☐

Often.

☐

Sometimes.

☐

Not often.

☐

Never.

☐

I have never talked to health staff about cancer symptoms.



Question 14: Please tell us all the places where you have found information about cancer services:

- ☐ From a doctor or health professional.
- ☐ On leaflets or posters.
- ☐ On social media websites like Facebook, Instagram or TikTok.
- ☐ At local groups or events.
- ☐ From friends or family.
- ☐ From local radio or newspapers.
- ☐ From searching online.
- ☐ Somewhere else - please say:



Question 15: How easy or hard was it to understand the information about cancer services?

☐

Very easy to understand.

☐

Quite easy to understand.

☐

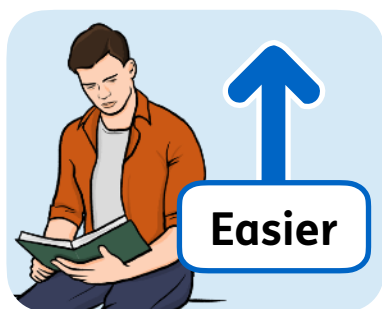
Not easy or hard to understand.

☐

Quite hard to understand.

☐

Very hard to understand.



Question 16: What would make it easier for you to understand the information?

Please tick all the answers that apply.

- ☐ Help with understanding English, or information in a different language.
- ☐ Information with easier words.
- ☐ Pictures or videos.
- ☐ Information given in different ways, like voice recordings, Large Print, or Easy Read.
- ☐ Information that is easier to understand for people from different cultures.
- ☐ I do not need any help to understand the information.
- ☐ Something else - please say:



Cultural needs are different needs you may have because of your background or where your family is from.



Question 17: Do you feel like health staff thought about your **cultural needs** when they gave you care?

☐

Yes.

☐

Sometimes.

☐

No.

☐

This does not affect me.



Religious needs are different needs you may have because of your religion.



Question 18: Do you feel like health staff thought about your **religious needs** when they gave you care?

☐

Yes.

☐

Sometimes.

☐

No.

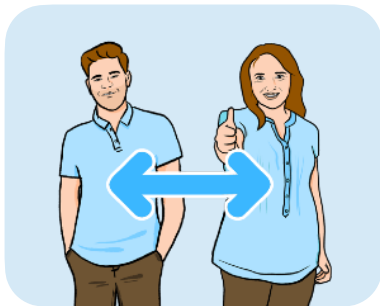
☐

This does not affect me.



Gender needs are needs that some people have because of their **gender**.

Gender is whether you are a man, a woman or use a different word to describe your gender.



Many **transgender** people also have gender needs.

Transgender means you have changed from the gender you were born with.



Question 19: Do you feel like health staff thought about your **gender needs** when they gave you care?

☐

Yes.

☐

Sometimes.

☐

No.

☐

This does not affect me.



Question 20: Did you feel safe and included in places you had to go to get care, like waiting rooms and hospitals?

☐

Yes.

☐

No.

☐

I do not know.



Question 21: Please tell us more about your experience of using cancer services:

About you



This part of the survey has questions about you and who you are.



Answering these questions will help us understand how to make cancer services better for different groups.



But you do not have to answer any of these questions if you do not want to.



Question 22: How old are you?

☐

18 to 24.

☐

25 to 34.

☐

35 to 49.

☐

50 to 64.

☐

65 to 79.

☐

80 or over.

☐

I do not want to say.

☐

I do not know.



Question 23: What is your gender?

☐

Man.

☐

Woman.

☐

Non-binary - this means you do not feel yourself to be either male or female.

☐

I do not want to say.

☐

I do not know.

☐

I use a different word to describe my gender - please say:



Question 24: What is your sexual orientation?

Sexual orientation means which gender or genders you are attracted to.

☐

Asexual - you are not attracted to anyone of any gender.

☐

Bisexual - you are attracted to both men and women.

☐

Pansexual - you are attracted to more than 1 gender.

☐

Gay man - you are a man who is only attracted to other men.

☐

Gay woman or lesbian - you are a woman who is only attracted to other women.

☐

Heterosexual or straight - you are attracted to people who are the opposite gender to you.

There are more answers on the next page.

☐

I do not want to say my sexual orientation.

☐

I do not know.

☐

I use a different word to describe my sexual orientation - please say:



Question 25: What is your **ethnic background**?

Your **ethnic background** is your race and the country that your family comes from.

☐

Arab.



Asian or Asian British

☐

Bangladeshi.

☐

Chinese.

☐

Indian.

☐

Pakistani.

☐

Any other Asian background.

There are more answers on the next page.



Black or Black British

☐

African.

☐

Caribbean.

☐

Any other Black, African or Caribbean background.



Mixed ethnic background

☐

Asian and White.

☐

Black African and White.

☐

Black Caribbean and White.

☐

Any other mixed or multiple ethnic background.

There are more answers on the next page.



White

☐

English, Welsh, Scottish, Northern Irish or British.

☐

Irish.

☐

Gypsy or Irish Traveller.

☐

Any other White background.

☐

Any other ethnic background, please say:

☐

I do not want to say my ethnic background.



Question 26: Are you part of the **boater community**?

The **boater community** is a group of people who live on canal boats.

☐

Yes.

☐

No.



Question 27: Do you have a disability or long-term health condition?

☐

Yes.

☐

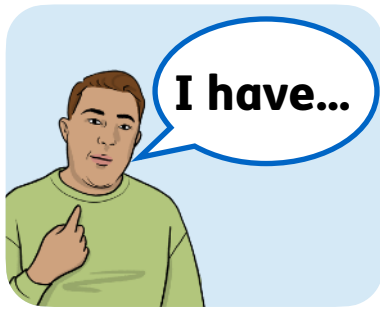
No.

☐

I do not want to say.

☐

I do not know.



Question 28: Which disabilities and health conditions do you have?

Please tick all the answers that are true.

- ☐ A health condition that affects my breathing, like asthma.
- ☐ Blindness or serious problems with seeing.
- ☐ Cancer.
- ☐ **Chronic health condition** - this is a health condition that will last for a very long time.
- ☐ Deafness or serious problems with hearing.
- ☐ **Dementia** - this is a disease in the brain that affects your memory and behaviour.
- ☐ **Diabetes** - this is a health condition where your body cannot deal with sugar properly.

There are more answers on the next page.

☐ **Epilepsy** - this is a health condition where you can get an illness in the brain called a seizure.

☐ **High blood pressure** - this means your heart has to work harder to pump blood around your body.

☐ I have a learning disability or a learning difficulty.

☐ I have a mental health condition.

☐ I have a condition that affects my muscles and bones.

☐ I am **neurodivergent** - this means your brain works in a different way to most people.

This includes if you have **autism**.

Autism affects things like being with other people, how you think and feel, and communication.

☐ I have a disability or health condition that affects my body or how I move around.

There are more answers on the next page.

☐

I do not want to say my disability or health condition.

☐

I have a disability or health condition that is not on this list - please say:



Question 29: What do you do for work?

- ☐ I work for another person or organisation.
- ☐ I run my own business.
- ☐ I do not work, but I am looking for job.
- ☐ I am about to start a new job.
- ☐ I am retired.
- ☐ I am a student.
- ☐ I do not work because of my health condition or disability.
- ☐ I look after my home or my family.
- ☐ I do something else for work - please say:



Question 30: Are you a carer for your friend or family member?

☐

Yes.

☐

No.

☐

I do not want to say.

☐

I do not know.



BS14 3 AB

Question 31: Please write down the first part of your postcode **AND** the number in the second part of your postcode.

For example, if your postcode is **BS14 3AB**, you should write “**BS14 3**”.

Contact details



Please fill out the information on this page if you would be happy for us to contact you about your experiences.



Please write your name here:



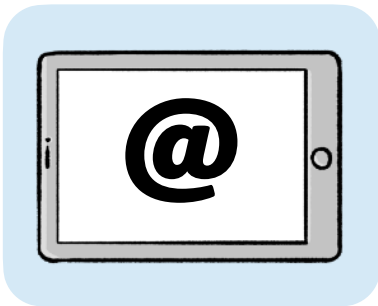
Please write your contact details here:

This could be things like your phone number and your email address.

Find out more



You can look at our website here:
www.swagcanceralliance.nhs.uk



You can contact us by email here:
swagca@nbt.nhs.uk