



Healthy Eating and Active Lifestyle After Bowel
Cancer

We would now like you to complete these questions that tell us about your background.

These details will be kept confidential. If you do not wish to answer some of these questions you do not have to.

Background Information

Please answer each question or tick the relevant box.

1. **What is your age?** *(Please add your age in years)*

Years

2. **What is your gender?** *(Please tick one of the boxes)*

Female Male Transgender Prefer not to say

3. **What is your occupation?**

(Please write on the line)

4. **What is the area of your expertise in healthcare?**

(Please write on the line)

5. **How many years have you been working in healthcare services?**
(Please write on the line)

6. **What is your ethnic origin?** *(Please tick one of the boxes)*

British	<input type="checkbox"/>	<u>Black or black British</u>	
Irish	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Other	<input type="checkbox"/>	African	<input type="checkbox"/>
<u>Mixed</u>		Other	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	<u>Asian or Asian British</u>	
White & Black African	<input type="checkbox"/>	Indian	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Other		Bangladeshi	<input type="checkbox"/>
<u>Chinese</u>		Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	<u>Other Ethnic Group</u>	
		Other	<input type="checkbox"/>

8. **What are the first 3 digits of your post code?**
(Please write in the boxes)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you very much for completion of this questionnaire.