

Date: _____

Oral cancer risk?

Awareness matters.....

This study aims to assess oral cancer risk among Indians in Australia. In this survey we ask you questions to explore your knowledge, attitudes and practices in relation to oral cancer risk. We are interested in understanding your perspective regarding oral cancer. Findings from this study may be used to improve health promotion materials to raise awareness of the risks of oral cancer. Your participation will help us to plan future activities to prevent oral cancer among Indians in Australia. We would appreciate your support, by completing this questionnaire.

- The survey will take 10-15 minutes to complete.
- Your identity will not be disclosed in any reports arising from this study.
- All the information you give will be treated in the strictest confidence.
- By completing the questionnaire, you are providing implied consent to participate in this study.
- For further information, please contact:

Nidhi Saraswat (Chief Investigator and PhD student),
email: 19278243@student.westernsydney.edu.au

SECTION A: ORAL HEALTH STATUS

1. How would you rate the condition of your teeth and mouth on a scale of 1-5? (where 1 is "excellent" and 5 is "poor") Please Tick ✓.

1	2	3	4	5
Excellent	Very Good	Good	Fair	Poor

2. Do you currently have any problems or concerns with your teeth, gums or mouth?

☐ No —————→ Go to section B

☐ Yes —————→ If yes, what are your main problems/concerns (Tick ☒ all that apply)

- | | |
|--|--------------------------|
| Swelling or lumps anywhere in your mouth | <input type="checkbox"/> |
| Areas of red or white patches in your mouth | <input type="checkbox"/> |
| Areas of ulcers (sores) in your mouth | <input type="checkbox"/> |
| Pain in any area of your mouth | <input type="checkbox"/> |
| Trouble while eating/chewing, swallowing or speaking | <input type="checkbox"/> |
| Loose teeth | <input type="checkbox"/> |
| Sore throat | <input type="checkbox"/> |
| Difficulty in opening the mouth | <input type="checkbox"/> |
| Other problems (Please Specify): _____ | <input type="checkbox"/> |

3. Have your mouth problems/concerns affected your health? (Tick ☒ that apply)

☐ Yes, always ☐ Yes, sometimes ☐ Never ☐ Don't know

If yes, how has it affected your health? Please explain:

4. Have you received advice from a dentist for this problem/concern? (Tick ☒ all that apply)

☐ Yes ☐ No

If no, why have you not seen a dentist? (tick ☒ all that apply)

I am nervous or scared to go ☐

I didn't think of it ☐

It costs too much ☐

I am too busy ☐

I am self-treating with over the counter products. ☐

Other (Please State): _____ ☐

SECTION B: KNOWLEDGE ABOUT ORAL CANCER RISK

1. Have you heard about mouth (oral) cancer? (Tick ☒ in box)

☐ Yes

☐ No → Go to question 4

☐ Can't remember → Go to question 3

2. How have you heard/learnt about mouth (oral) cancer? (Tick ☒ all that apply)

☐ Friends/Family

☐ GP/Specialist

☐ Dentist

☐ Media (Television, radio, newspaper)

☐ Social Media (facebook, Instagram, WhatsApp)

☐ Internet (websites)

☐ others, please specify _____

3. Please indicate whether you think the following causes mouth (oral) cancer? (Tick ☒ all that apply)

	Yes	No
Smoking		
Alcohol		
Vitamin Deficiency		
Not brushing the teeth or gums		
Viruses or other germs		
Chewing tobacco		
Chewing Betel nut / 'supari'		
Chewing Betel quid/'Pan'		
Frequent biting of lining of the mouth		
Putting pencils in mouth		
None of above		
Don't know		

4. For each of the following statements, indicate whether you think it is true or false?
(Tick ☒ all that apply)

A check up for mouth (oral) cancer:	True	False	Don't know
a) Is painless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Is a way of finding mouth (oral) cancer at an early stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Helps in treatment of oral cancer if detected early	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Can be done by a GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The signs/symptoms of mouth (oral) cancer are:	True	False	Don't know
a) A white patch/discoloration in the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) An ulcer (sore) that does not heal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A painless ulcer (sore) in the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) A red patch in the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) A yellow patch in the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) A lump or swelling in the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) A sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Discomfort or pain in the mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION C: ATTITUDES TOWARDS ORAL CANCER RISK

1. How would you describe the importance of the following activities to prevent mouth (oral) cancer?

For each statement, please Tick ☒ *one box that comes closest to the way you think.*

Activity	Very important	Fairly important	Important	Slightly important	Not important
Doing exercise regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating a healthy diet (2 fruits & 5 vegetables per day)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brushing teeth twice a day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit a dentist at least once a year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visit a doctor (G.P.) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. For each of the following statements, indicate whether you think it is true or false? (Tick ☒ all that apply)

You are more likely to get oral cancer if you:	True	False
a) Smoke tobacco, cigars or pipe	<input type="checkbox"/>	<input type="checkbox"/>
b) Smoke hukkah (sheesha)	<input type="checkbox"/>	<input type="checkbox"/>
c) Chew tobacco	<input type="checkbox"/>	<input type="checkbox"/>
d) Drink alcohol heavily	<input type="checkbox"/>	<input type="checkbox"/>
e) Chew gutkha	<input type="checkbox"/>	<input type="checkbox"/>
f) Chew betel quid/'pan'	<input type="checkbox"/>	<input type="checkbox"/>
g) Chew betel nut/'supari'	<input type="checkbox"/>	<input type="checkbox"/>
h) If your family got it	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you think people of Indian background are more at risk of mouth (oral) cancer than local Australian people?

(Tick ☒ *one box*)

☐ Yes

☐ No

☐ Don't know

4. Why do you think people use products like tobacco preparations/betel nut/cigarettes/alcohol?

☐ Peer pressure (pressure from friends)

☐ Social status

☐ To connect with people

☐ Leisure/lifestyle/enjoy it/relaxation

- ☐ Addiction
- ☐ Family member use it
- ☐ It is a cultural practice for some Indians
- ☐ others, please specify _____


5. For a white/coloured patch in the mouth (that has lasted more than 3 weeks) , please indicate which (if any) healthcare professional you would visit about that symptom. (Tick ☒ that apply)

- ☐ Doctor
- ☐ Dentist
- ☐ Pharmacist
- ☐ Other, please specify: _____
- ☐ Would not visit healthcare professional

6. For an ulcer/sore in the mouth (that has lasted more than 3 weeks), please indicate which (if any) healthcare professional you would visit about that symptom. (Tick ☒ that apply)

- ☐ Doctor
- ☐ Dentist
- ☐ Pharmacist
- ☐ Other, please specify: _____
- ☐ Would not visit healthcare professional

6. Are you seeing health professionals (Doctor/GP) from your cultural background for your regular health check-ups in Australia?

- ☐ Yes, I am seeing health professional from similar background
- ☐ No, I don't  Go to section D

If yes, what is the reason behind this? (Tick ☒ that apply)

- ☐ More knowledge
- ☐ More experience

- ☐ Easy to communicate
- ☐ More economic/affordable
- ☐ Cultural similarity
- ☐ Other (Please state _____)
- ☐ No specific reason

SECTION D: PRACTICES RELATED TO ORAL CANCER RISK

1. Do you consume drinks that contain alcohol? (Tick ☒ all that apply)

- ☐ No, I have never tried alcoholic drinks → Go to question 2
- ☐ No, but I used to and stopped → Go to question 1.1
- ☐ Yes, I drink alcohol

If yes, how often do you consume these drinks? (Tick ☒ that apply)

- ☐ Monthly or less
- ☐ 2-4 times a month
- ☐ 2-3 times a week
- ☐ 4 or more times a week

2. Do you smoke tobacco? [this includes cigarettes, cigars, pipe, or hukkah (sheesha)]
(Tick ☒ that apply)

- ☐ No, I have never smoked
- ☐ No, but I used to and stopped
- ☐ Yes, I smoke

If yes, how often do you smoke?

Please give details of smoking habit in the table below by filling a number in box;
(where 0-Never, 1-Past, 2-Occasionally, 3-Daily)

Smoking type	Type of user (choose a number 0-3 from instruction above)	Frequency (Numbers per day)
Cigarettes/Bidi/cigar		

3. Do you chew any product such as tobacco, betel nut/‘supari’, betel quid/‘pan’?

(Tick ☒ that apply)

☐ No, I have never chewed → Go to section F

☐ No, but I used to and stopped → Go to question 3.1

☐ Yes, I chew

If yes, how often do you chew these products?

Please give details in the table below by filling a number in box; where

0 = *Never chewed*

1 = *Past- means having stopped the habit for more than one year*

2 = *Occasional - means uses the habit less than daily.*

3 = *Daily*

Type of Products	Type of User (choose a number 0-3 from instruction above)	Frequency (numbers per day)
Tobacco		
Betel quid/Pan		
Betel nut /supari/guthka		
Other- Specify		

3.1 Did any of the following factors play a role in you starting the habit of chewing such products? (Tick ☒ all that apply)

☐ Friends/Family

☐ Peer pressure

☐ Media (Television, radio, newspaper)

☐ Social Media (facebook, Instagram)

☐ Internet (websites)

☐ Stressful time period

☐ While visiting India on holiday/business

☐ others, please specify _____

3.2 If you used to chew such products, did any of the following play a role in you stopping this habit? (Tick ☒ all that apply)

☐ Friends/Family

☐ G.P/Specialist

- ☐ Dentist
- ☐ Media (Television, radio, newspaper)
- ☐ Social Media (facebook, Instagram)
- ☐ Internet (websites)
- ☐ others, please specify _____
- ☐ Not applicable

3.3 How do you get these products? (Tick ☒ all that apply)

- ☐ Asian grocery stores
- ☐ Friends/ relatives visiting from India
- ☐ Indian restaurants
- ☐ Temples/religious places
- ☐ others, please specify _____

SECTION E: YOUR ACCESS TO HEALTH CARE

1. Have you visited a doctor (GP) or community health clinic or practice nurse in last 12 months? (Tick ☒ all that apply)

- ☐ No ☐ Yes

If no, when was your last visit to a doctor?

- | | |
|-----------------------|--------------------------|
| 1-2 years ago | <input type="checkbox"/> |
| 2 - 5 year ago | <input type="checkbox"/> |
| More than 5 years ago | <input type="checkbox"/> |
| Don't remember | <input type="checkbox"/> |

2. Have you visited a dentist in last 12 months? (Tick ☒ all that apply)

- ☐ No ☐ Yes

If no, when was your last visit to a dentist?

- | | |
|----------------|--------------------------|
| 1-2 years ago | <input type="checkbox"/> |
| 2 - 5 year ago | <input type="checkbox"/> |

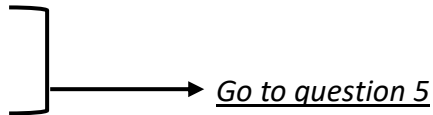
More than 5 years ago ☐

Don't remember ☐

3. Have you received any information about 'oral cancer' during your visits to the doctor (GP) or practice nurse or dentist? (Tick ☒ all that apply)

☐ No

☐ Don't remember



☐ Yes

If yes,

3.1 What information have you received? (Tick ☒ all that apply)

☐ Instructions about how to look after your mouth and teeth.

☐ Oral cancer risk information through educational material such as leaflets, pamphlets, samples or other.

☐ Other advice

(please specify): _____

3.2 Where have you received this information from? (Tick ☒ all that apply)

☐ Dentist ☐ Doctor (G.P.) ☐ Practice nurse ☐ Other (Please state: _____)

4. How satisfied are you with the information you received about 'oral cancer', on a scale of 1 to 5 (where 1 = "very satisfied" and 5 is "very dissatisfied")?

Please Tick ☒.

1	2	3	4	5
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Very satisfied

Very dissatisfied

Was the information easy to understand?

☐ Yes

☐ No

5. For each of the following statements, (Tick ☒ all that apply).

a)	Do you think doctor (GP) could assist you in identifying oral health problems like oral cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
b)	Do you think doctors (GP) have sufficient knowledge about oral cancer to advise you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

c)	Would you consider oral health advice given by your doctor (GP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
d)	Would you make an appointment to see a dentist if you were provided a dental referral by a doctor (GP)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

SECTION F: ABOUT YOU

1. Personal Details:

Gender/sex:	
Age at your last birthday:	_____ years
Were you born in Australia? (Tick <input checked="" type="checkbox"/> that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were your parents born in India? <input type="checkbox"/> Yes <input type="checkbox"/> No
How long did you live in India? (Tick <input checked="" type="checkbox"/> that apply)	<input type="checkbox"/> Never lived <input type="checkbox"/> lived for: ____ years <input type="checkbox"/> Don't remember
Do you visit India? (Tick <input checked="" type="checkbox"/> that apply)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area of Residence in Australia:	Suburb/Postcode:
Years since living in Australia:	
Language spoken at home:	
Marital status:	<input type="checkbox"/> Single <input type="checkbox"/> Married/partnered <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

2. What do you consider as your current religion, if any?

☐ Prefer not to answer

3. Level of education

What is the highest level of educational you completed? Tick ☒ one box

- | | |
|---------------------|--------------------------|
| Primary school | <input type="checkbox"/> |
| High school | <input type="checkbox"/> |
| TAFE | <input type="checkbox"/> |
| University | <input type="checkbox"/> |
| No formal education | <input type="checkbox"/> |

4. Employment Status (Please describe your work status by Ticking ☒ one box)

- | | | |
|--------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Not working | <input type="checkbox"/> Home/Domestic duties | <input type="checkbox"/> Retired |

5. What is your average annual combined household income? Tick ☒ one box

- | | |
|------------------------|--------------------------|
| Less than \$40,000 | <input type="checkbox"/> |
| \$40,000 to \$59,000 | <input type="checkbox"/> |
| \$60,000 to \$79,000 | <input type="checkbox"/> |
| \$80,000 to \$99,000 | <input type="checkbox"/> |
| \$100,000 to \$120,000 | <input type="checkbox"/> |
| More than \$120,000 | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |
| Prefer not to answer | <input type="checkbox"/> |

6. Do you have private health insurance that includes dental cover? Tick ☒ one box

- | | | |
|------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
|------------------------------|-----------------------------|-------------------------------------|

7. Do you currently have the following cards? Tick ☒ all that apply.

- | | | | |
|-------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| Pensioner concession card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Health care card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Department of Veterans Affairs card | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

8. Do you have a family history of Cancer/mouth (oral) cancer? Tick ☒ one box

- | | | | |
|------------------------------|-----------------------------|-------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know | <input type="checkbox"/> Prefer not to answer |
|------------------------------|-----------------------------|-------------------------------------|---|

THANK YOU FOR YOUR TIME AND YOUR VALUABLE CONTRIBUTION TO THIS STUDY

If you would like to receive the summary of study results, please provide your contact details:

Phone: _____

OR Email id: _____

(Note: your information will remain anonymous)