



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)*

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

*(Please write on the line)*

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

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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)*

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**Thank you very much for completion of this questionnaire.**