



Case Study form

Jo's Cervical Cancer Trust is increasingly being contacted by the media for case studies from women affected by cervical abnormalities, cervical cancer to carers and relatives. If you are happy to tell us your story, please fill out this form and send it back to us.

Even if it is not taken up immediately, we receive media requests throughout the year and it might be possible to use it at another time.

To fill in this form electronically, please press tab to move through the document or click on the relevant answer box with your mouse to select.

Your contact details

| | |
|---|-----------------|
| Name | |
| <hr/> | |
| Address | |
| <hr/> | |
| Town | Postcode |
| <hr/> | <hr/> |
| Telephone | |
| <hr/> | |
| Email | |
| <hr/> | |
| Date of birth / / (dd/mm/yy) | |
| <hr/> | |

Your ethnic origin

| | | | |
|--------------------------|-----------------------------------|--------------------------|----------------------|
| <input type="checkbox"/> | Caucasian/white | <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | Black | <input type="checkbox"/> | Asian |
| <input type="checkbox"/> | African Black | <input type="checkbox"/> | Indian Sub Continent |
| <input type="checkbox"/> | Caribbean | <input type="checkbox"/> | Other Asian |
| <input type="checkbox"/> | Other Black | <input type="checkbox"/> | Any mixed background |
| <input type="checkbox"/> | Other ethnic group, please state: | | |

I am happy to talk about:

| | | | |
|--------------------------|------------------------|--------------------------|---|
| <input type="checkbox"/> | Cervical abnormalities | <input type="checkbox"/> | Cervical cancer |
| <input type="checkbox"/> | Smear testing | <input type="checkbox"/> | Complementary therapies |
| <input type="checkbox"/> | Pain | <input type="checkbox"/> | Treatments |
| <input type="checkbox"/> | Hysterectomy/surgery | <input type="checkbox"/> | Work issues |
| <input type="checkbox"/> | Fertility | <input type="checkbox"/> | How cervical cancer has affected someone in my family |
| <input type="checkbox"/> | Emotional impact | <input type="checkbox"/> | Other, please state: |

If you have/had cervical cancer:

| | |
|--|---|
| When was it diagnosed? | |
| How old were you? | |
| Was your cancer found as a result of cervical screening? | |
| If you had symptoms, how long did it take to be diagnosed from the start of your symptoms? | |
| What stage was your cancer? | |
| Does anyone else in your family have cervical cancer? (e.g. mother, sister, aunt etc – please state) | |
| Do you have a family member/partner willing to give a personal story? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If so, what is their name? | |

If you have/had cervical abnormalities:

| | |
|--|--|
| When did you find out? | |
| How old were you? | |
| What treatment did you have? | |
| Have you been for screening since your treatment and what was the result? | |
| Has anyone else in your family been diagnosed with cervical abnormalities or cervical cancer? (e.g. mother, sister, aunt etc – please state) | |

| | |
|---|---|
| If your story has already been told in the media please write below where (e.g. The Times, GMTV, local paper) | |
| I am happy to receive a phone call from Jo's Cervical Cancer Trust | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I am willing to have my photo taken if required | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| My local newspapers are: | |

Your Story

Please tell your story and how you have been affected by cervical abnormalities or cervical cancer. You may like to use the following bullets as a guide – though please feel free to include whatever you feel is relevant.

- How cervical abnormalities or cervical cancer has affected your life
- How cancer affected a loved-one
- Symptoms past and present
- Anything else that you feel is important to your experience
- I missed my cervical screening
- How Jo's Cervical Cancer Trust has helped you
- Issues and any positive aspects
- Treatments and surgery

Please write your story in the box below:

A large, empty rectangular box with a light pink background, intended for the user to write their story.

Please write the date you submitted your case study here: / / and post your form to our office (the address is below).

Thank you for your support

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