DOWN HOME HEALTHY COOKIN'

RECIPES AND HEALTHY COOKING TIPS

National Institutes of Health

National Cancer Institute

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U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

20-Minute Chicken Creole

4 medium chicken breast halves (1 1/2 lbs total), skinned, boned, and cut into 1-inch strips*
1 14-oz can tomatoes, cut up**
1 cup low-sodium chili sauce
1 1/2 cups chopped green pepper (1 large)
1/2 cup chopped celery
1/4 cup chopped onion
2 cloves garlic, minced
1 tbsp chopped fresh basil or 1 tsp dried basil, crushed
1 tbsp chopped fresh parsley or 1 tsp dried parsley
1/4 tsp crushed red pepper
1/4 tsp salt
Nonstick spray coating

Nutrition Content Per Serving:
calories: 255
total fat: 3 g
saturated fat: 0.8 g
carbohydrates: 16 g
protein: 31 g
cholesterol: 100 mg
sodium: 465 mg
dietary fiber: 1.5 g

1 Spray deep skillet with nonstick spray coating. Preheat pan over high heat. Cook chicken in hot skillet, stirring for 3 to 5 minutes or until no longer pink.

2 Reduce heat. Add tomatoes and their juice, low-sodium chili sauce, green pepper, celery, onion, garlic, basil, parsley, crushed red pepper, and salt. Bring to boiling; reduce heat and simmer covered for 10 minutes. Serve over hot, cooked rice or whole wheat pasta.

Makes 4 servings.

**You can substitute 1 lb boneless, skinless, chicken breasts, cut into 1-inch strips, if desired.*
***To cut back on sodium, try low-sodium canned tomatoes.*

HEALTHY COOKING TIP
Use poultry with the skin removed.

Garlic Mashed Potatoes

Nutrition Content Per Serving:
calories: 141
total fat: 0.3 g
saturated fat: 0.2 g
carbohydrates: 29 g
protein: 6 g
cholesterol: 2.0 mg
sodium: 70 mg
dietary fiber: 2 g

1 lb potatoes (2 large)
1/2 cup skim milk
2 large cloves garlic, chopped
1/2 tsp white pepper

1 Peel potatoes; cut in quarters. Cook, covered, in a small amount of boiling water for 20 to 25 minutes or until tender. Remove from heat. Drain. Recover the pot.

2 Meanwhile, in a saucepan over low heat, cook garlic in milk until garlic is soft, about 30 minutes.

3 Add milk-garlic mixture and white pepper to potatoes. Beat with an electric mixer on low speed or mash with a potato masher until smooth.

HEALTHY COOKING TIP
Use low-fat (1% or 2%) or nonfat/skim milk instead of whole milk.

Microwave Directions:

1 Scrub potatoes, pat dry, and prick with a fork. On a plate, cook potatoes, uncovered, on 100% power (high) until tender, about 12 minutes, turning potatoes over once. Let stand 5 minutes. Peel and quarter.

2 Meanwhile, in a 4-cup glass measure, combine milk and garlic. Cook, uncovered, on 50% power (medium) until garlic is soft, about 4 minutes. Continue as directed above.

Makes 4 servings.

Catfish Stew and Rice

2 medium potatoes
1 14 1/2-oz can tomatoes,* cut up
1 cup chopped onion
1 8-oz bottle (1 cup) clam juice or water
1 cup water
2 cloves garlic, minced
1/2 head cabbage, coarsely chopped
1 lb catfish fillets
1 1/2 tbsp Hot 'n Spicy Seasoning (see recipe page 5)
sliced green onion for garnish (optional)
2 cups hot, cooked rice (white or brown)

Nutrition Content Per Serving:
calories: 355
total fat: 5 g
saturated fat: 1.3 g
carbohydrates: 49 g
protein: 28 g
cholesterol: 65 mg
sodium: 454 mg
dietary fiber: 7 g

1 Peel potatoes and cut into quarters. In a large pot, combine potatoes, tomatoes and their juice, onion, clam juice, water, and garlic. Bring to boiling; reduce heat. Cook, covered, over medium-low heat for 10 minutes.

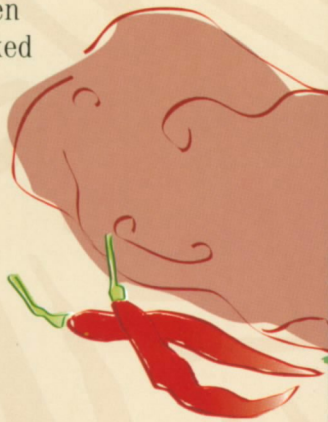
2 Add cabbage. Return to boiling. Reduce heat; cook, covered, over medium-low heat for 5 minutes, stirring occasionally.

3 Meanwhile, cut fillets into 2-inch lengths. Coat with Hot 'n Spicy Seasoning. Add fish to vegetables. Reduce heat; simmer, covered, for 5 minutes or until fish flakes easily with a fork.

4 Serve in soup plates, garnished with sliced green onion. Top with an ice cream scoop of hot, cooked rice. Or, ladle stew over hot, cooked rice in soup plates and garnish with green onion.

Makes 4 servings.

** To reduce sodium, try low-sodium canned tomatoes.*



Hot 'n Spicy Seasoning

1/4 cup paprika
2 tbsp dried oregano, crushed
2 tsp chili powder
1 tsp garlic powder
1 tsp black pepper
1/2 tsp red (cayenne) pepper
1/2 tsp dry mustard

Mix together all ingredients.
Store in airtight container.

Makes about 1/3 cup.

HEALTHY COOKING TIP

Broil, steam, roast/bake, microwave, grill, braise/stew, boil, simmer, or stir-fry with a small amount of oil INSTEAD OF frying, basting with fat, or cooking in fatty sauces and gravies.

Old-Fashioned Bread Pudding
With Apple-Raisin Sauce

10 slices whole wheat bread
1 egg
3 egg whites
1 1/2 cups skim milk
1/4 cup sugar
1/4 cup brown sugar
1 tsp vanilla extract
1/2 tsp cinnamon
1/4 tsp nutmeg
1/4 tsp cloves
2 tsp sugar

Nutrition Content Per Serving:
calories: 233
total fat: 3 g
saturated fat: 1 g
carbohydrates: 46 g
protein: 7 g
cholesterol: 24 mg
sodium: 252 mg
dietary fiber: 3 g

1 Preheat the oven to 350° F. Spray an 8-inch x 8-inch baking dish with vegetable oil spray. Lay the slices of bread in the baking dish in two rows, overlapping them like shingles.

2 In a medium mixing bowl, beat together the egg, egg whites, milk, 1/4 cup sugar, brown sugar, and vanilla. Pour the egg mixture over the bread.

3 In a small bowl, stir together the cinnamon, nutmeg, cloves, and 2 tsp sugar. Sprinkle the spiced sugar over the bread pudding. Bake the pudding for 30 to 35 minutes, until it has browned on top and is firm to the touch.

4 Serve warm or at room temperature, with warm apple-raisin sauce.

Makes 9 servings.

Apple-Raisin Sauce

1 1/4 cups apple juice
1/2 cup apple butter
2 tbsp molasses
1/2 cup raisins
1/4 tsp ground cinnamon
1/4 tsp ground nutmeg
1/2 tsp orange zest (optional)

HEALTHY COOKING TIP

- Use low-fat (1% or 2%) or nonfat/skim milk instead of whole milk.
- When baking or cooking, use 3 egg whites and 1 yolk instead of 2 whole eggs, and 2 egg whites instead of 1 whole egg.

Stir all the ingredients together in a medium saucepan. Bring to a simmer over low heat. Let the sauce simmer 5 minutes. Serve warm.

Makes 2 cups.

New Orleans Red Beans

1 lb dry red beans
2 quarts water
1 1/2 cups chopped onion
1 cup chopped celery
4 bay leaves
1 cup chopped sweet green pepper
3 tbsp chopped garlic
3 tbsp chopped parsley
2 tsp dried thyme, crushed
1 tsp salt
1 tsp black pepper

Nutrition Content Per Serving:
calories: 171
total fat: 0.5 g
saturated fat: 0.1 g
carbohydrates: 32 g
protein: 10 g
cholesterol: 0 mg
sodium: 285 mg
dietary fiber: 7.2 g

1 Pick through beans to remove bad beans; rinse thoroughly. In a 5-quart pot, combine beans, water, onion, celery, and bay leaves. Bring to boiling; reduce heat. Cover and cook over low heat for about 1 1/2 hours or until beans are tender. Stir and mash beans against side of pan.

2 Add green pepper, garlic, parsley, thyme, salt, and black pepper. Cook, uncovered, over low heat until creamy, about 30 minutes. Remove bay leaves.

3 Serve over hot, cooked brown rice, if desired.

Makes 8 servings.

HEALTHY COOKING TIP
Substitute bean and grain dishes for high-fat meats.

Mixed Greens

2 bunches mustard greens or kale
2 bunches turnip greens
pepper to taste (optional)
1 tsp salt, or to taste (optional)

Nutrition Content Per Serving:
calories: 18
total fat: 0.1 g
saturated fat: 0 g
carbohydrates: 3 g
protein: 1 g
cholesterol: 0 mg
sodium: 153 mg
dietary fiber: 2 g

1 Rinse greens well, removing stems. In a large pot of boiling water, cook greens rapidly, covered, over medium heat for about 25 minutes or until tender.

2 Serve with some of the pot liquor. If desired, cut greens in pan with a sharp knife and kitchen fork before serving.

Note: If desired, add 2 tbsp of lean cooked ham, Canadian bacon, or split turkey thighs (see page 9) to greens before serving. However, this will increase calorie, sodium, and fat content.

Makes 8 servings.

HEALTHY COOKING TIP
Cook vegetables without added fat.

Baked Pork Chops

6 lean center-cut pork chops, 1/2-inch thick
1 egg white
1 cup evaporated skim milk
1 cup cornflake crumbs
1/4 cup fine dry bread crumbs
2 tbsp Hot 'n Spicy Seasoning (see page 5)
1/2 tsp salt
Nonstick spray coating

Nutrition Content Per Serving:
calories: 186
total fat: 4.9 g
saturated fat: 1.8 g
carbohydrates: 16 g
protein: 17 g
cholesterol: 31 mg
sodium: 393 mg
dietary fiber: 0.2 g

HEALTHY COOKING TIP

- Broil, steam, roast/bake, microwave, grill, braise/stew, boil, simmer or stir-fry with a small amount of oil INSTEAD OF frying, basting with fat, or cooking in fatty sauces and gravies.
- Use evaporated skim milk instead of cream.

1 Trim all fat from chops.

2 Beat egg white with evaporated skim milk. Place chops in milk mixture; let stand for 5 minutes, turning chops once.

3 Meanwhile, mix together cornflake crumbs, bread crumbs, Hot 'n Spicy Seasoning and salt. Remove chops from milk mixture. Coat thoroughly with crumb mixture.

4 Spray a 13-inch x 9-inch baking pan with nonstick spray coating. Place chops in pan; bake in 375° F oven for 20 minutes. Turn chops; bake 15 minutes longer or until no pink remains.

Note: If desired, substitute skinless, boneless chicken, turkey pieces, or fish for pork chops and bake for 20 minutes.

Makes 6 servings.

Sweet Potato Custard

1 cup mashed, cooked sweet potato
1/2 cup mashed banana (about 2 small)
1 cup evaporated skim milk
2 tbsp packed brown sugar
2 beaten egg yolks (or 1/3-cup egg substitute)
1/2 tsp salt
1/4 cup raisins
1 tbsp sugar
1 tsp ground cinnamon
Nonstick spray coating

Nutrition Content Per Serving:
calories: 144
total fat: 2 g
saturated fat: 0.7 g
carbohydrates: 20 g
protein: 6 g
cholesterol: 92 mg
sodium: 235 mg
dietary fiber: 1.4 g

1 In a medium bowl, stir together sweet potato and banana. Add milk, blending well. Add brown sugar, egg yolks, and salt, mixing thoroughly.

2 Spray a 1-quart casserole with nonstick spray coating. Transfer sweet potato mixture to casserole.

3 Combine raisins, sugar, and cinnamon; sprinkle over top of sweet potato mixture. Bake in a preheated 300° F oven for 45 to 50 minutes or until a knife inserted near center comes out clean.

Note: If made with egg substitute, the amount of cholesterol will be lower.

Makes 6 servings.

HEALTHY COOKING TIP
Use evaporated skim milk INSTEAD OF cream.

Winter Crisp

FILLING

1/2 cup sugar
3 tbsp all-purpose flour
1 tsp grated lemon peel
5 cups unpeeled, sliced apples
1 cup cranberries

TOPPING

2/3 cup rolled oats
1/3 cup packed brown sugar
1/4 cup whole wheat flour
2 tsp ground cinnamon
3 tbsp soft margarine, melted

Nutrition Content Per Serving:
calories: 284
total fat: 6 g
saturated fat: 1 g
carbohydrates: 54 g
protein: 3 g
cholesterol: 0 mg
sodium: 56 mg
dietary fiber: 5 g

HEALTHY COOKING TIP
When a recipe calls for butter, lard, or shortening, choose margarine with vegetable oil listed as the first ingredient on the label.

1 **Filling:** In a medium bowl, combine sugar, flour, and lemon peel; mix well. Add apples and cranberries; stir to mix. Spoon into a 6-cup baking dish.

1 **Topping:** In a small bowl, combine oats, brown sugar, flour, and cinnamon. Add melted margarine; stir to mix. Sprinkle topping over filling.

2 Bake in a 375° F oven for 40 to 50 minutes or until filling is bubbly and top is brown. Serve warm or at room temperature.

Summer Crisp

Prepare as directed, substituting 4 cups fresh, or unsweetened frozen, peaches and 2 cups fresh, or unsweetened frozen, blueberries for apples and cranberries. If frozen, thaw fruit completely (do not drain).

Makes 6 servings.

Chillin' Out Pasta Salad

8 oz (2 1/2 cups) medium shell pasta
1 8-oz carton (1 cup) plain nonfat yogurt
2 tbsp spicy brown mustard
2 tbsp salt-free herb seasoning
1 1/2 cups chopped celery
1 cup sliced green onion
1 lb cooked small shrimp
3 cups coarsely chopped tomatoes (about 3 large)

Nutrition Content Per Serving:
calories: 140
total fat: 1 g
saturated fat: 0.1 g
carbohydrates: 19 g
protein: 14 g
cholesterol: 60 mg
sodium: 135 mg
dietary fiber: 1.3 g

1 Cook pasta according to package directions. Drain; cool.

2 In a large bowl stir together yogurt, mustard, and herb seasoning. Add pasta, celery, and green onion; mix well. Chill at least 2 hours.

3 Just before serving, carefully stir in shrimp and tomatoes.

Makes 12 servings.

HEALTHY COOKING TIP
Use nonfat or low-fat dressing, yogurt, or mayonnaise INSTEAD OF regular mayonnaise in salads and sandwiches.

Spaghetti With Turkey Meat Sauce

1 lb ground turkey
1 28-oz can tomatoes, cut up
1 cup finely chopped sweet green pepper
1 cup finely chopped onion
2 cloves garlic, minced
1 tsp dried oregano, crushed
1 tsp black pepper
1 lb spaghetti
Nonstick spray coating

Nutrition Content Per Serving:
calories: 330
total fat: 5 g
saturated fat: 1.3 g
carbohydrates: 42 g
protein: 29 g
cholesterol: 60 mg
sodium: 280 mg
dietary fiber: 2.7 g

HEALTHY COOKING TIP
Use ground (boneless) turkey breast INSTEAD OF ground beef and pork.

1 Spray a large skillet with nonstick spray coating. Preheat over high heat. Add turkey; cook, stirring occasionally, for 5 minutes. Drain fat.

2 Stir in tomatoes with their juice, green pepper, onion, garlic, oregano, and black pepper. Bring to boiling; reduce heat. Simmer, covered, for 15 minutes, stirring occasionally.

3 Remove cover; simmer for 15 minutes more. (For a creamier sauce, give sauce a whirl in a blender or food processor.)

4 Meanwhile, cook spaghetti according to package directions; drain well. Serve sauce over spaghetti with crusty, whole-grain bread.

Makes 6 servings.

Black Skillet Beef
With Greens and Red Potatoes

1 lb beef top round
1 1/2 tbsp Hot 'n Spicy Seasoning
(see recipe on page 5)
8 red-skinned potatoes, halved
3 cups finely chopped onion
2 cups beef broth
2 large cloves garlic, minced
2 large carrots, peeled,
cut into very thin 2 1/2-inch strips
2 bunches (1/2 lb each) mustard greens, kale, or turnip greens,
stems removed, coarsely torn
Nonstick spray coating

Nutrition Content
Per Serving:
calories: 342
total fat: 4 g
saturated fat: 1.4 g
carbohydrates: 52 g
protein: 24 g
cholesterol: 45 mg
sodium: 101 mg
dietary fiber: 10 g

1 Partially freeze beef. Thinly slice across the grain into long strips, 1/8-inch thick. Thoroughly coat strips with Hot 'n Spicy Seasoning.

2 Spray a large, heavy skillet (cast iron is good) with nonstick spray coating. Preheat pan over high heat. Add meat; cook, stirring for 5 minutes.

3 Add potatoes, onion, broth, and garlic. Cook, covered, over medium heat for 20 minutes. Stir in carrots; lay greens over top and cook, covered, until carrots are tender (about 15 minutes). Serve in large serving bowl, with crusty bread for dunking.

Makes 6 servings.

HEALTHY COOKING TIP
• Use lean meat cuts, such as round, sirloin, chuck arm pot roast, and loin INSTEAD OF high-fat meats.
• Broil, steam, roast/bake, microwave, grill, braise/stew, boil, or simmer INSTEAD OF frying, basting with fat, or cooking in fatty sauces and gravies.

Garden Potato Salad

3 lbs potatoes (6 large)
1 cup chopped celery
1/2 cup sliced green onion
2 tbsp chopped parsley
1 cup low-fat cottage cheese
3/4 cup skim milk
3 tbsp lemon juice
2 tbsp cider vinegar
1/2 tsp celery seed
1/2 tsp dillweed
1/2 tsp dry mustard
1/2 tsp white pepper

Nutrition Content Per Serving:
calories: 151
total fat: 0.5 g
saturated fat: 0.2 g
carbohydrates: 30 g
protein: 6 g
cholesterol: 2.3 mg
sodium: 118 mg
dietary fiber: 3.1 g

1 Scrub potatoes; boil in jackets until tender. Cool; peel. Cut into 1/2-inch cubes. Add celery, green onion, and parsley.

2 Meanwhile, in a blender, blend cottage cheese, milk, lemon juice, vinegar, celery seed, dillweed, dry mustard, and white pepper until smooth. Chill for 1 hour.

3 Pour chilled cottage cheese mixture over vegetables; mix well. Chill at least 30 minutes before serving.

Makes 10 servings.

HEALTHY COOKING TIP
Use low-fat (1% or 2%) or nonfat skim milk INSTEAD OF whole milk.

NATIONAL CANCER INSTITUTE

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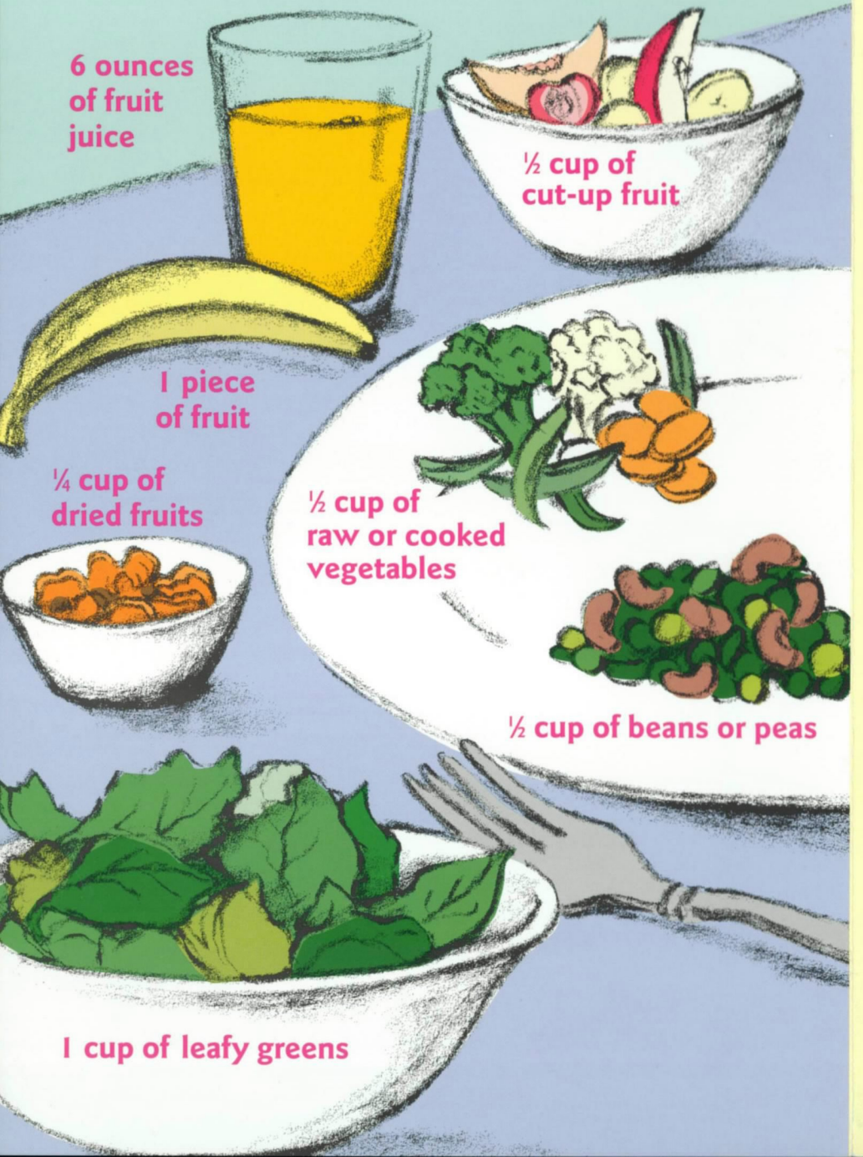
What's a Serving?



The 5 A Day for Better Health Program

The 5 A Day for Better Health Program is a nationwide nutrition campaign to encourage Americans to eat 5 or more servings of fruits and vegetables each day for better health. The program is sponsored by the National Cancer Institute and the Produce for Better Health Foundation, a nonprofit organization representing the fruit and vegetable industry.

For more information on this and other cancer-related topics, call the National Cancer Institute's Cancer Information Service at:

1-800-4-CANCER

(1-800-422-6237).

Persons with TTY equipment, dial 1-800-332-8615.

http://www.dcpc.nci.nih.gov/5aday

eat fruits & vegetables

5 a Day–for Better Health!

NATIONAL® CANCER INSTITUTE

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Public Health Service National Institutes of Health

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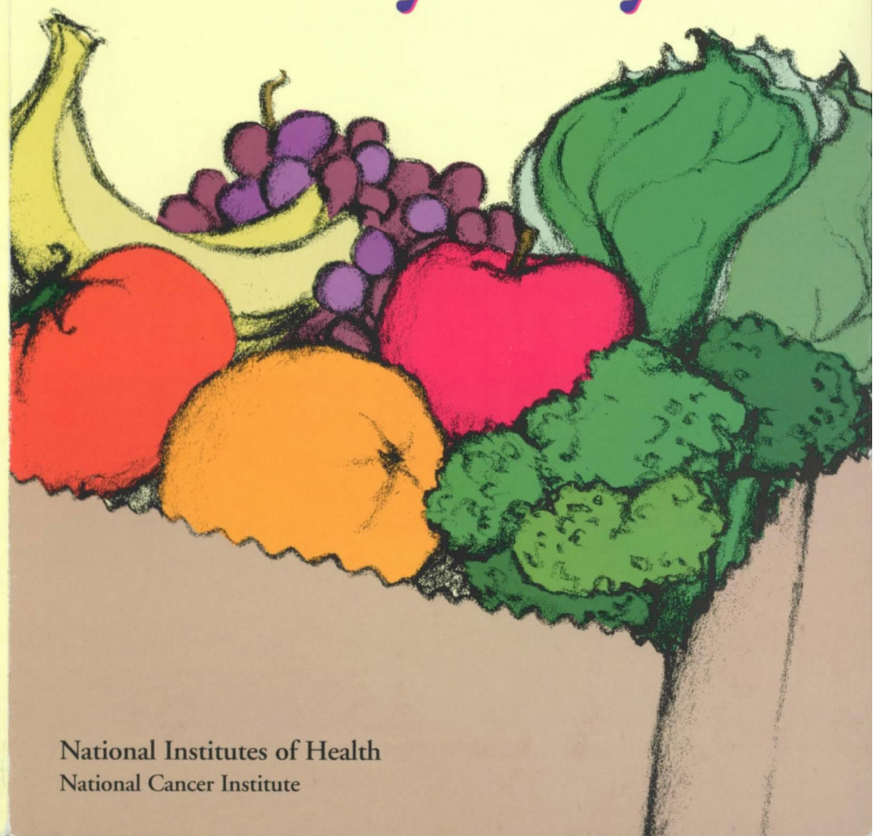
Eat 5 Fruits and Vegetables Every Day.

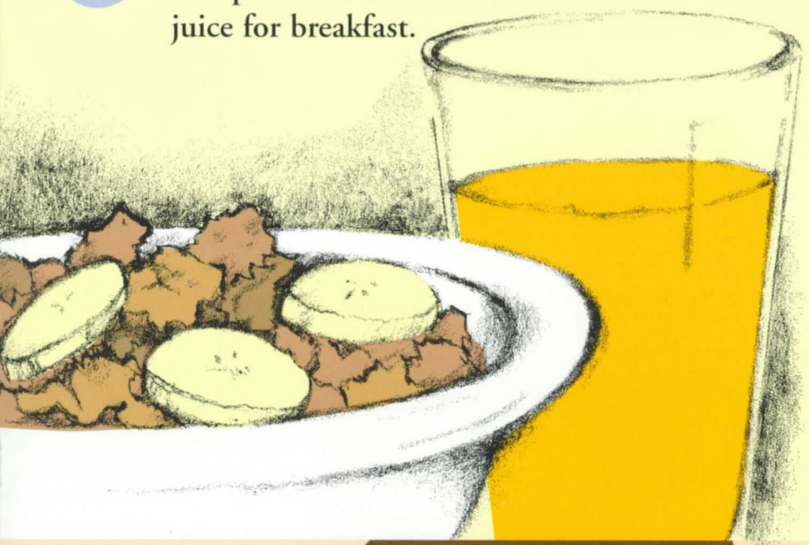


National Institutes of Health
National Cancer Institute

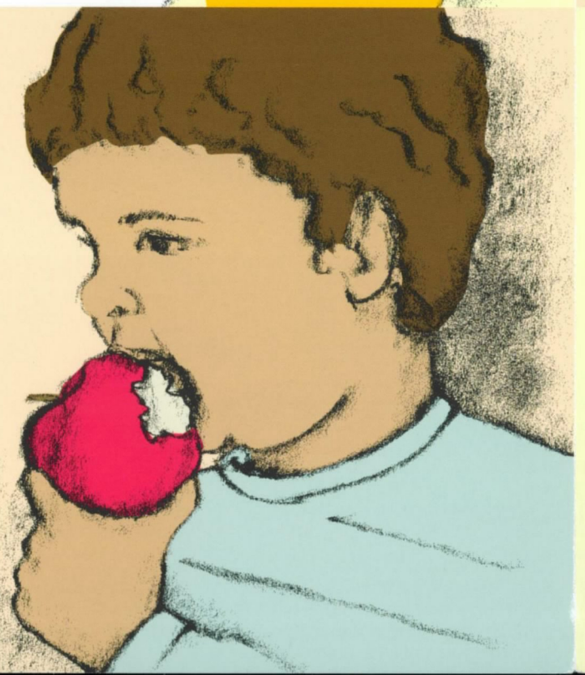
Eat 5 or more servings of fruits and vegetables each day.

Here's How...

1. Eat fruit and drink 100 percent fruit juice for breakfast.

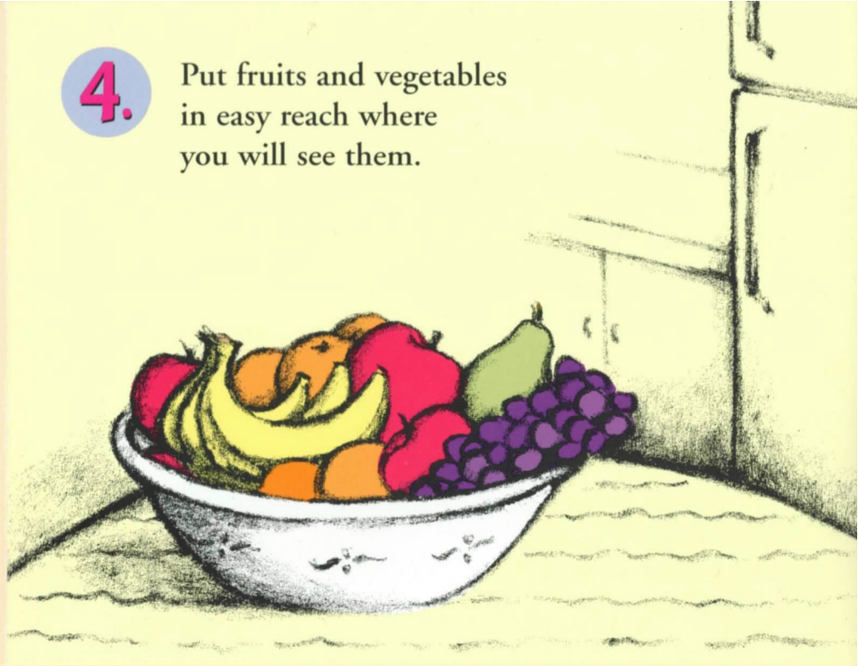


2. Eat fruit and vegetables as a snack.



3. Buy fresh, frozen, canned, and dried fruits and vegetables when you go to the store.

4. Put fruits and vegetables in easy reach where you will see them.



5. Steam or microwave fruits and vegetables for 5 minutes.

Traditional Foods Can Be Healthy

NATIONAL INSTITUTES OF HEALTH
National Cancer Institute

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

Dear Reader:

We are pleased that you have received a copy of this National Cancer Institute booklet. We hope you find it helpful.

We are always trying to improve our publications. The best way we can do this is by getting your reactions. At the end of this booklet you will find a response card asking several questions. We would greatly appreciate it if you take the time to fill this out and return it to us.

All of your responses will be treated confidentially. We welcome any other comments that you may have.

Thank you in advance,

Office of Cancer Communications

Traditional Foods Can Be Healthy

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Living in Balance

Traditional foods are still a way of life
for many American Indians.
Keeping the body, mind, and spirit in balance
and celebrating the seasons
once were an essential way of life.
Today, it is still important to be
strong and healthy.

We Can Learn From Our Past

During traditional times, American Indians rarely had:

- Cancer
- Heart Disease
- Diabetes
- Obesity

We need to eat more traditional foods today!

Why was this healthy?

- Traditionally, American Indians were very active and ate smaller amounts of food than American Indian people do today.
- The foods eaten in the past by many American Indians were low in fat like fish and game (such as deer).
- The elders have told us that the amount of food eaten in a meal was as much as a person could put into the palm of the hand. That was much smaller than what we eat today!

What can you and your family do today?

- What types of traditional foods do you and your family use in your meals today?
- What types of foods could you and your family add to today's meals?
- How can you and your family reduce the amounts of food eaten?

How Foods Were Prepared

Foods were prepared in the following ways:

- Vegetables, meats and fish were smoked, dried, broiled, or boiled.
- Breads were baked.

Why was this healthy?

- Less fat was used to cook foods.
- No fat was added to foods which were boiled or dried.
- Foods did not sit in the fat.

How can you and your family prepare foods to be healthy today? Write your ideas below.

How Foods Were Selected

Foods were selected from:

Below the Ground	Above the Ground	The Four-Legged	The Finned	The Winged
wild turnips	chokecherries	buffalo	fish (including bass, salmon)	turkey
onions	buffalo berries	deer	eel	pheasant
potatoes	plums	antelope	turtle	grouse
carrots	acorns	prairie dog		duck
	corn	squirrel		
	wild cucumbers	rabbit		
	asparagus			
	milkweed			

Why was this healthy?

- These foods were low in fat.
- Diets lower in fat helped lower chances of obesity, cancer, and heart disease.
- A person ate many different kinds of food.
- A variety of foods provided many nutrients for good health.

What can you and your family do today?

What types of foods does your family eat today which are from:

Below the Ground?

_____

Above the Ground?

_____

The Four-Legged?

_____

The Finned?

_____

The Winged?

_____

Physical Activity and Health

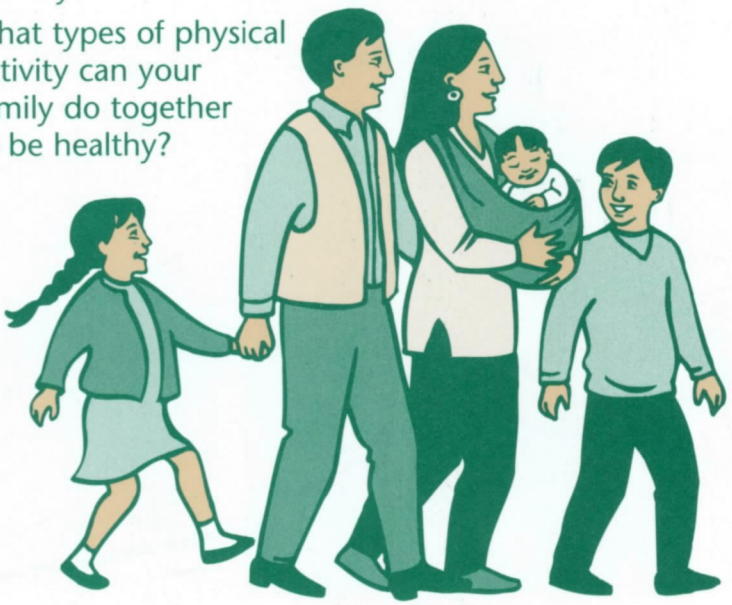
Physical activity was an everyday part of life. People walked, hunted, gathered, played games, danced, and/or rode horses. It was important to the community to be strong and healthy. Preparing food was also an active part of life—grounding corn meal, stripping meat, cleaning fish, for example.

Why was physical activity healthy?

- Physical activity helped burn away body fat and calories from the food.
- It helped keep people lean and healthy.
- It helped the whole body work better.
- It helped people with their spirituality.

What can you and your family do today?

- What types of physical activity will you do to be healthy?
- What types of physical activity can your family do together to be healthy?



Traditional Foods in Today's World

Foods like our ancestors ate can be healthy.

What foods make up a healthy diet? Use the following information to help you choose a healthful diet that's right for you.

Examples of traditional foods that can help make up a healthy diet:

Fruits

Chokecherries
Currants
Buffalo berries
Cactus fruit
Plums
Strawberries
Blackberries

Vegetables

Wild turnips
Onions
Corn
Carrots
Cucumber
Squash
Leafy green vegetables

Meats, dry beans, and nuts

Buffalo
Deer
Elk
Moose
Antelope
Raccoon
Rabbit
Squirrel
Beans
Nuts (acorns)
Seeds

Fish

Salmon
Bass
King fish
Catfish
Trout
Walleye
Bullhead

Fowl

Pheasant
Grouse
Prairie chicken
Dove

Grains and bread

Wild rice
Barley
Wheat

Tips to create a healthy diet

Today we get most of our foods from the store or as commodities. Here are some tips to help you create a healthy diet.

- Before you go to the store, make a shopping list for your family's good health. Choose foods from the Food Guide Pyramid and include traditional foods where possible.
- When you use canned meats, drain the liquid from the can and throw the liquid away. This helps lower the fat.

My Shopping List

Vegetables

Fruits

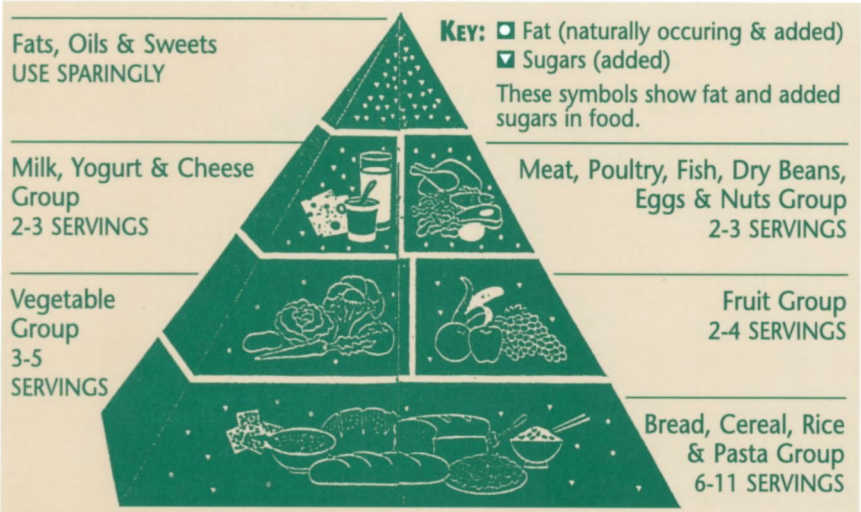
Grains and Bread, Cereal, Rice, and Pasta

Lean Meats, Fish and/or Fowl, Dry Beans, Eggs, and Nuts

Milk, Yogurt, and Cheese

Other Foods

Some publications of interest include:



Source: U.S. Department of Agriculture and the Department of Health and Human Services

What counts as a serving? Food Groups:

BREAD, CEREAL, RICE, and PASTA		
1 slice of bread	1 ounce of ready-to-eat cereal	1/2 cup of cooked cereal, rice, or pasta

VEGETABLES		
1 cup of raw, leafy vegetables	1/2 cup of other vegetables, cooked or chopped raw	3/4 cup of vegetable juice

FRUITS		
1 medium apple, banana, or orange	1/2 cup of chopped, cooked, or canned fruit	3/4 cup of fruit juice

MILK, YOGURT, and CHEESE		
1 cup of milk or yogurt	1 1/2 ounces of natural cheese	2 ounces of process cheese

MEAT, POULTRY, FISH, DRY BEANS, EGGS and NUTS	
2-3 ounces of cooked lean meat, poultry, or fish	1/2 cup of cooked dry beans, 1 egg, or 2 tablespoons of peanut butter—count as 1 ounce of lean meat

For Additional Information

National Cancer Institute

- **Action Guide for Healthy Eating**

WRITE: Nutrition Books
National Cancer Institute
Office of Cancer Communications
Building 31, Room 10A03
31 Center Drive MSC 2580
Bethesda, MD 20892-2580

OR CALL: 1-800-4-CANCER

U.S. Department of Agriculture

To receive one free copy of the following brochures:

- **Nutrition & Your Health Dietary Guidelines for Americans**
- **Dietary Guidelines and Your Diet**
- **Preparing Foods and Planning Menus Using the Dietary Guidelines**
- **Making Bag Lunches, Snacks, and Desserts Using the Dietary Guidelines**
- **Shopping for Food and Making Meals in Minutes Using the Dietary Guidelines**
- **Eating Better When Eating Out Using the Dietary Guidelines**

WRITE: 1120 20th Street, NW
North Lobby, Suite 200
Washington, DC 20036

OR CALL: 202-418-2312

Attention: All Readers

Please tell us what you think of this booklet.

1. The booklet was: ☐ easy to understand ☐ hard to understand
2. The information was ☐ too much ☐ too little ☐ just the right amount
3. I would: ☐ recommend the booklet to other American Indians
   ☐ NOT recommend the booklet to other American Indians
4. I got this booklet from a:
   - ☐ Doctor's office, hospital, or health clinic
   - ☐ Pow wow
   - ☐ Small group or community gathering
   - ☐ WIC or other nutrition program
   - ☐ Calling 1-800-4-CANCER (Cancer Information Service)
   - ☐ Convention or conference
   - ☐ School (what kind?_____)
   - ☐ Church program
   - ☐ Other (please explain_____)
5. Did this booklet...
   a. cover information that you needed ☐ yes ☐ no
   b. make you aware of how nutritious American Indian foods can be? ☐ yes ☐ no
   c. help you understand how to change your eating habits? ☐ yes ☐ no
   d. help you make decisions about how to change your cooking? ☐ yes ☐ no
   e. help you select foods when shopping? ☐ yes ☐ no
6. What is your age? _____
7. How far did you go in school?
   - ☐ 8th grade or less ☐ some college
   - ☐ some high school ☐ college graduate
   - ☐ high school graduate ☐ graduate level education
8. Are you a health professional? ☐ yes ☐ no
9. Do you think production of this booklet should be:
   ☐ continued? ☐ discontinued?
10. Do you have any additional comments or suggestions that would help us improve this publication?

_____

_____

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NATIONAL CANCER INSTITUTE

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P549

ROSE
Robeson County
Outreach
Screening &
Education Project

ROSE
Personal Data

Name: _____
Address: _____
_____
Birthdate: _____ **Phone #:** _____ **Other #:** _____
Employed: _____Yes _____No **Where:** _____
Number of Children: _____ **Number of Grandchildren:** _____
Top 2 Barriers to Mammography: (1) _____
(2) _____
Other Points of Interest: _____
_____

rose/forms/perdata.pm4 1/29/98

ROSE
Robeson County
Outreach
Screening &
Education Project

ROSE
Personal Data

Name: _____
Address: _____
_____
Birthdate: _____ **Phone #:** _____ **Other #:** _____
Employed: _____Yes _____No **Where:** _____
Number of Children: _____ **Number of Grandchildren:** _____
Top 2 Barriers to Mammography: (1) _____
(2) _____
Other Points of Interest: _____
_____

rose/forms/perdata.pm4 1/29/98

ROSE COMMUNITY HOME VISIT PLAN			
	VISIT ONE	*VISIT TWO*	*VISIT THREE*
VISIT FORMS	*Personal Data Card *Risk Assessment Form *Barrier Form *Visit One Encounter Form *Next Visit Card	REVIEW the following: Personal Data Card, Risk Assessment and Barrier Forms prior to this visit *Visit Two Encounter Form	REVIEW the following: Personal Data Card, Staging, Risk Assessment and Barrier Forms prior to this visit *Visit Three Encounter Form
PAMPHLETS	Inside of the participant's 2 pocket folder should be the following: *NCI Book mark *NCI Mammography *Keep the Circle Unbroken *ROSE Telephone Card *Folder is to be left with participant .*	*Down Home Healthy Cooking *Eat 5 Fruits & Vegetables *How to do BSE *Your Best Body *(For Native Americans Only:* **Circle of Life* *&* **Traditional Foods Can Be Healthy)*	ROSE Ladies Health Guide
INCENTIVES	**Water Bottle**	**Calendar/BSE Stickers** **Tote Bag** **Mini Breast**	**Lotion and Soap set**

ID Nun _____

INTERVENTION FILE CHECKLIST

Participant Name: _____

		Target Date	Actual Date	CHE Initials
Starting the File:				
• Record of Contact Sheet	☐	_____	_____	_____
• Informed Consent Statement	☐	_____	_____	_____
• Respondent Information Sheets	☐	_____	_____	_____
Visit One:				
• ROSE Personal Data Card	☐	_____	_____	_____
• Risk Assessment Form	☐	_____	_____	_____
• Barrier Assessment Form	☐	_____	_____	_____
• Visit One Encounter Form	☐	_____	_____	_____
Visit Two:				
• Visit Two Encounter Form	☐	_____	_____	_____
Follow-Up Contacts:				
• ROSE Tidbit Call I (Completed Encounter Forms)	☐	_____	_____	_____
• Staging Form	☐	_____	_____	_____
• Staging Card Mailed	☐	_____	_____	_____
• ROSE Tidbit Call II (Completed Encounter Forms)	☐	_____	_____	_____
Visit Three:				
• Visit Three Encounter Form	☐	_____	_____	_____
• Thank You Letter	☐	_____	_____	_____

By signing this checklist, I am stating the above participant has received all aspects of ROSE intervention and all checklist forms are present and complete.

CHE Signature _____ Date: _____

ROSE
Robeson County
Outreach
Screening &
Education Project

STUDY ID NUMBER_____

Mammography Tracking Form

NAME_____DATE_____

Medical Record Number_____Date of Mammogram_____ _____

Mammogram ordered by:

MD Name _____

Clinic/Hospital Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Mammography Visit Type:

- ☐ 1 Screening
- ☐ 2 12 Month Follow-up
- ☐ 3 24 Month Follow-up
- ☐ 4 Unscheduled

Mammogram performed by:

MD Name _____

Clinic/Hospital Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Summary of Mammography report *(Mark one for each breast)*:

	Right	Left
Negative	☐ 1	☐ 2
Benign finding-negative	☐ 1	☐ 2
Probably benign finding-short interval followup suggested	☐ 1	☐ 2
Suspicious abnormality - biopsy should be considered	☐ 1	☐ 2
Highly suggestive of malignancy	☐ 1	☐ 2
Not done	☐ 1	☐ 2

Other *(Specify)*:_____

Was a referral made for follow-up care?

☐ 1 YES ➔ **COMPLETE ABNORMAL MAMMOGRAPHY FORM**

☐ 2 NO

Next mammogram recommended:

☐ 1 Immediately/ASAP

☐ 2 Less than one year

☐ 3 One Year

☐ 4 Two Years

☐ 5 Other *(Specify)*:_____

COMMENTS:_____

_____

_____

_____

Data Collected by_____Date_____

ROSE
Robeson County Outreach Screening & Education Project

ID # _____

ROSE Breast Cancer Personal Risk Scale

How would you rate your risk of getting breast cancer in your lifetime, compared to other women? Would you say your risk is . . .

[1] Much lower; [2] Somewhat lower; [3] About the same; [4] Somewhat higher; [5] Much higher

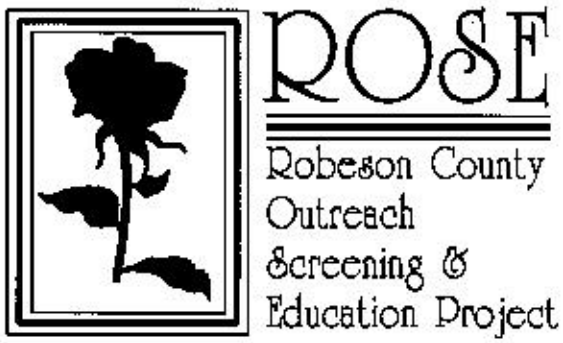
Every woman is at risk of breast cancer simply because she is a woman! These questions will help to pinpoint your personal chances of having breast cancer.

Risk Factor	Category	Points	Score
Your Age	29 or younger 30 - 39 40 - 49 50 - 59 60 or older	1 3 7 10 12	_____
Your Family History	No Breast Cancer 1 Aunt or 1 Grandmother Mother or Sister Mother + Sister Mother + 2 Sisters	0 5 10 15 20	_____
Your History	No Breast Cancer Previous Breast Cancer	0 30	_____
Childbearing	First baby before age 30 First baby at age 30 or older No children	0 2 5	_____
Menstrual History	Had first period age 15 or over Had first period age 12 - 14 Had first period age 11 or under	1 2 5	_____
Body Type	Thin Average Heavy	1 2 5	_____
		Total Score	_____

REMEMBER, this is just one way of letting you see your personal risk of breast cancer.

If Your Score is	Your Category
Under 20	Lowest Risk
20 - 30	Medium Risk
31 - 40	High Risk
40 +	Highest Risk

CHE Signature _____



COMMUNITY HEALTH EDUCATOR

Barrier Counseling Handbook

I Don't Have Any Symptoms

POSSIBLE COMMENT

I simply don't understand why I have to have regular mammograms. I feel my breast regularly and everything feels fine. Why do I need to keep going back?

DISCUSS THE FOLLOWING AS APPROPRIATE

1. *You should feel good that you have had your first mammogram, but you can't stop there. Once simply is not enough!*

2. *Our bodies are always changing and we need to stay ahead of these changes.*

3. *A regular mammogram would allow you to keep check as or before these changes occur.*

4. *Finally, remember our mammograms will change as we get older.*

Lack of Transportation

POSSIBLE COMMENT

Getting around is difficult if you don't have a car or anyone to take you places. This problem makes scheduling your mammogram difficult.

COUNSELOR REPLY

I'm sure that not having a car and having to depend on others makes getting around difficult. Let me offer some suggestions.

DISCUSS THE FOLLOWING AS APPROPRIATE

1. *We are fortunate in Robeson County. To assist with medical appointments we have Call-A-Ride at 671-3836 (they may be a normal charge) or Lumberton Council of Government (requires 24 hour notice with $5.00 charge) at 618-5533.*

2. *If you don't drive or don't have a car, getting anywhere can be a problem. But, when something is important to us we find ways of getting around this problem.*

3. *Maybe, you can take advantage of your usual weekly outings (going to the grocery store or to the bank) to schedule your appointment on those days and around the time that you are usually already out.*

4. *Also, sometimes scheduling your appointments either early in the morning, late afternoon, or during lunch time can make it easier for others to take you to your appointments.*

Cost - Women 40 and Older

POSSIBLE COMMENT

Some women have had problems getting clinical breast exams or mammograms because of the costs.

DISCUSS THE FOLLOWING AS APPROPRIATE

1. *Most private insurance companies will pay for breast cancer screening either every year or every other year. Insurance companies have found that it saves them money if their women are screened for cancer according to the National Cancer Institute's recommendations. You might want to check with your company to see if they will pay for a clinical breast exam and mammogram.*

2. *Medicare pays for a woman like yourself to have a clinical breast exam and mammogram every year.*

3. *There is money available through a special North Carolina program (WiseWoman) for women who have had trouble paying for cancer screening. The Health Department will be able to have someone see you for a clinical breast exam and will then talk with you about a mammogram. Can I have someone call you about an appointment?*

Painful Previous Mammogram & Side Effects

POSSIBLE COMMENT

My last mammogram was painful and caused discomfort.

COUNSELOR REPLY

I'm sorry that your last mammogram was painful but . . .

DISCUSS THE FOLLOWING AS APPROPRIATE

1. *Everyone feels pain at different levels but for the most part mammograms are not that painful, especially when you think of the pain that you feel with a tooth ache or having a baby or even more so cancer.*

2. *We must remember that we must have pressure in order to get a good picture of your breast. The pressure allows the breast to be flattened so that a better picture of the breast tissue can be taken. If during the exam the pressure becomes too bad, tell the technician.*

3. *Receiving a mammogram today is a very safe procedure. The amount of radiation used today is about the same as what is used by a dentist when your teeth are x-rayed. The radiation years ago was much higher than what is used today along with equipment and techniques.*

4. *There are some things that can be done to reduce the pain of a mammogram. For example, be sure to schedule after your period and reduce your caffeine intake.*

Feelings of Doom and Gloom

POSSIBLE COMMENT

The fear of having a test that could show breast cancer frightens me. If they find cancer, I know I will be faced with an early death.

COUNSELOR REPLY

Fear is a perfectly normal feeling when faced with the unknown. However, you must keep in mind that . . .

DISCUSS THE FOLLOWING AS APPROPRIATE

1. *The real fear with breast cancer is not knowing.*
2. *Most of the time mammogram results are fine and show nothing abnormal.*
3. *The wonderful thing about a mammogram is that it can show tissue changes before you or your doctor can feel them.*
4. *Your fear of breast cancer should send you for your exam since finding breast cancer early increases your chances of survival. Let your fear become your friend.*

No Referral From Physician

POSSIBLE COMMENT

My doctor gets so caught up in taking care of my medical problems that he forgets to refer me for my mammogram.

DISCUSS ALL OF THE FOLLOWING

1. *While each of us likes to totally depend on our doctor to both tell us when it's time to have test and to schedule them, part of the responsibility lies in our hands.*

2. *Most of the things that keep us healthy are our responsibility, things like eating the right foods, remembering to take our medicines and exercising lie totally in our laps.*

3. *Consider, that having a mammogram is another thing that we must do.*

4. *Finally, try using a two year calendar and on the same date for the next year write yourself a reminder.*

Feeling Embarrassment

POSSIBLE COMMENT

Some women have said that having a breast exam or a mammogram is embarrassing.

DISCUSS THE FOLLOWING AS APPROPRIATE

1. *Most women feel uncomfortable when they have a physician or nurse examine their breasts. Most physicians and nurses are sensitive to this and try to make the women feel more comfortable.*

2. *When you have a mammogram, you only have to remove your clothes from the waist up and they give you a cape to wear. You can wear slacks or a skirt and keep those on while you're having the mammogram.*

3. *Most of the staff where the mammograms are done are female and that should make you more comfortable.*

Anxious

POSSIBLE COMMENT

I'm sorry to hear that being screened (or thinking about breast cancer, etc.) makes you nervous.

Some women have told me that they were concerned about (PROBE: The procedure itself, finding something abnormal, radiation, could have breast cancer, etc).

Do you think this sounds like you?

DISCUSS ALL OF THE FOLLOWING

1. *Sometimes it is very hard to understand why something is (upsetting, bothering, concerning, etc).*
2. *For some women, thinking about breast cancer screening reminds them about the possibility that they could get breast cancer. And, that is very upsetting . . . so upsetting that it makes it difficult for them to do what they need to do to stop worrying . . . get screened. Once they have a clinical breast exam and mammogram, they can usually stop worrying. Does this sound familiar?*
3. *Some women feel more in control after being screened. Finding breast cancer is a choice none of us would accept but early detection gives you the ease in knowing that the cancer can be cured. The best way to "beat it" is by doing monthly breast self-exams, and having yearly clinical breast exams and mammograms.*

IF THE WOMAN IS STILL ANXIOUS

Some women find it makes them feel less anxious if they can take a friend to their appointments or talk with a professional about cancer screening. What do you think would help you feel less anxious about having an exam or mammogram?

Denial

POSSIBLE COMMENT

If I have cancer, I'd rather not know.

COUNSELOR REPLY

Often times we say, "I'm better off not knowing. But actually . . .

1. *What we don't know could kill us! As you may have heard, cancer is easier to treat when found early. Thus, knowing could not only save your life but would save you from a lot of pain.*

2. *When we consider all those whom we love so dearly and the fact that cancer diagnosed too late could take us from them . . . we want to know.*

Feelings of Being Labeled or Stigmatized

POSSIBLE COMMENT

People will treat me differently if cancer is found and people won't want to be around me -- thinking I may pass it on.

COUNSELOR REPLY:

1. *Cancer isn't contagious, it can't be caught like a flu or cold.*

2. *If you choose, no one has to know that you have cancer. However, many people are walking around today who are survivors and don't look any different than you or I.*

Negative Input From Family/Friends

POSSIBLE COMMENT

I have a family member who had a bad mammogram experience. She even told me that I don't need a mammogram any way. Consider the following . . .

DISCUSS ALL OF THE FOLLOWING AS APPROPRIATE

1. *Everyone's mammogram experience is different and remember you can always let the technician know that you are in pain.*

2. *Every woman 40 and older regardless of race or family history needs a mammogram.*

3. *Anytime we love someone we must encourage them to do everything possible to keep them healthy. Keeping loved ones healthy may mean a longer healthier life!*

I Have Trouble Getting Around

POSSIBLE COMMENT

Since I've gotten older, I seem to have a hard time getting around. The pain causes such discomfort that I prefer to do as little as possible.

COUNSELOR REPLY

There is nothing worse than having to do something extra when we don't feel well, but consider this . . .

DISCUSS THE FOLLOWING AS APPROPRIATE

1. *Many health problems can make moving around a problem. But, there are some things that we must do.*

2. *There are however, things that you can do to make having this test easier. For example, try to take someone with you. This person could assist you by doing all of the leg work and even could assist you by completing your forms for you.*

3. *Also, try to schedule your exam at a time during the day when moving around is easiest for you (some people find that they are stiff first thing in the morning).*

4. *Finally, make sure that you do not wear an outfit that requires a lot of unbuttoning.*

Doesn't Understand the Importance

POSSIBLE COMMENT

I don't understand the big deal, breast cancer doesn't run in my family, why do I have to continue to have a mammogram?

DISCUSS THE FOLLOWING AS APPROPRIATE

As we have already said a mammogram is a simple picture of the breast that allows your doctor to detect any changes that may have occurred. It is a medical exam that we as women must include as a part of our normal health routine. Just as we check our blood sugar for diabetes or have our blood pressure taken we must have a regular mammogram. Finally, we must also remember that although there hasn't been a case of breast cancer in your family, cancer will always choose someone to begin with.

ROSE
Robeson County Outreach Screening & Education Project

ID # _____

ROSE
HEALTH EDUCATION BARRIER ASSESSMENT

Participant: _____ Date: _____
CHE: _____

1. Have you ever had a mammogram?
(Circle the appropriate answer)

NO	1	**GO TO 3**
YES	2	
NA	3	

2. How long has it been since your last mammogram?
(If participant doesn't know, probe to determine a time frame to determine most recent date of mammography.)

LESS THAN 6 MONTHS	1	**(Stop Here)**
6 MONTHS TO 1 YEAR	2	**(Stop Here)**
BETWEEN 1 & 2 YEARS	3	**GO TO 4**
BETWEEN 2 & 3 YEARS	4	**GO TO 4**
BETWEEN 3 & 4 YEARS	5	**GO TO 4**
OVER 4 YEARS	6	**GO TO 4**

3. What (from the following list) are the most important reasons you have never had a mammogram? Please answer yes or no to the following statements.

(READ STATEMENTS A-K. PLACE A CHECK INSIDE THE BOX IF THE PARTICIPANT ANSWERS YES.)

A. ☐ I don't have any **symptoms**.

A	D	
		I feel okay, so I don't need a mammogram.
		I've not gotten cancer in all this time, so why worry about it.
		Other

ID # _____

B. ☐ **Transportation** Problems

A	D	
		I don't drive, and finding someone else to take me is too much trouble.
		I would have to go too far to get a mammogram.

C. ☐ **Cost**

A	D	
		I can only afford to see the doctor when I really need to and not just for a test.
		I don't have insurance to cover that.
		I would lose money if I took the time off work.

D. ☐ **Harmful Side Effects**

A	D	
		I am afraid of the radiation from the mammogram.
		A mammogram is just too painful.
		I don't want to get bruised.

E. ☐ **Feelings of Doom or Hopelessness**

A	D	
		If I had breast cancer, I'd rather not know.
		If I have cancer, it is God's will.

F. ☐ **No Referral From Physician**

A	D	
		My doctor hasn't told me I need a mammogram.
		I've never seen or heard anything that said I needed a mammogram.

ID # _____

G. ☐ **Having a mammogram is embarrassing**

A	D	
		It's too embarrassing to have a mammogram.
		I'm too uncomfortable being undressed in front of someone else.

H. ☐ **The mammogram experience makes me nervous and afraid (fear/anxiety)**

A	D	
		I get too nervous at the thought of maybe learning that I have cancer.
		The mammography experience scares me and makes me nervous.

I. ☐ **I don't want to know (denial)**

A	D	
		If I have cancer, I'd rather not know.
		I'm afraid that they will find cancer if they go looking for it.

J. ☐ **Feelings of Being Labeled or Stigmatized**

A	D	
		If they find that I have breast cancer, people may treat me differently.
		People with cancer shouldn't be around others -- they may pass it on.

K. ☐ **Negative Input from Family/Friends**

A	D	
		Someone close to me had an awful experience.
		My friend or family member said that I don't need one.
		My husband or boyfriend doesn't want me to have one.

3a. For each of these reasons you just answered yes to, please tell me if you agree (A) or disagree (D) to each of the following statements.

(READ THE SENTENCES LISTED ONLY UNDER THE CHECKED ITEMS A-K.)

4. What is the one most important reason that has kept you from getting a recent mammogram? **(DO NOT READ LIST; CHECK CLOSEST APPROPRIATE ANSWER [PROBE ONLY ONCE])**

- [ ] I don't have any symptoms.
- [ ] Transportation problems.
- [ ] Cost.
- [ ] Harmful Side Effects.
- [ ] Doomed.
- [ ] No Referral From Physician.
- [ ] Having a mammogram is embarrassing.
- [ ] The mammogram experience makes me nervous and afraid (fear/anxiety).
- [ ] I don't want to know (denial).
- [ ] Labeled.
- [ ] Negative Input from Family/Friends.
- [ ] Other _____

(Specify)

5. Are there one or two more reasons that I have not mentioned that has kept you from getting a mammogram?

_____

_____

(REFER TO BARRIER PROMPT CARD IF NECESSARY)

ROSE
Robeson County Outreach Screening & Education Project

HEALTH EDUCATION

Participant Contact Documentation / Encounter Form

VISIT 2

Participant Name_____ID Number_____

Telephone Number_____Race_____

RECORD OF CALLS AND CONTACTS

DAY	DATE	TIME	COMMENTS	CONTACT TYPE	CONTACT CODE	CHE

CONTACT CODES

01 Participant Not Home
02 No one Home
03 Busy/Call Back
04 Refused to Conduct Visit
05 Refused to Schedule Visit
06 Broken Appointment, Rescheduled
07 Broken Appointment, Not Rescheduled
08 Call Back, Left Message
09 Appointment Scheduled
10 Completed Visit
11 Completed Telephone Contact
99 OTHER

CONTACT TYPE - **T** = Telephone, **I/P** = In Person, **M** = Mail

General Comments:

_____

_____

Questions Asked by Participant:

_____

_____

_____

Barriers Reported:

_____

_____

_____

Materials / Information Given to Participant (check all that apply):

_____Breast Self Exam Brochure _____Down Home Healthy Cookbook ____WiseWoman Brochure
_____Your Best Body _____Eat 5 Fruits and Vegitables a Day ____Call A Ride Brochure
_____Other (specify) _____

_____

Has the participant obtained a **Mammogram** since our last contact? YES_____NO_____

If YES,When?_____Where?_____

Ask her to describe the experience_____

_____

If NO, Why Not?_____

Did you offer to assist participant in scheduling a mammogram? YES_____ What Type_____

NO_____Why Not_____

Mammogram Appointment Scheduled: YES____NO_____ DATE_____

WHERE_____TIME_____

COMMENTS:_____

_____

Has the participant obtained a **CBE** since our last contact? YES_____NO_____If YES,

When?_____Where?_____

Ask her to describe the experience_____

_____

(If NO, offer to assist her in scheduling a CBE with her physician)

Clinical Breast Exam Appointment Scheduled: YES_____ NO____DATE_____

WHERE_____TIME_____

COMMENTS:_____

_____

Next Contact / Visit Scheduled: YES_____ NO_____Why/Why Not?_____

_____

When _____Time_____
(record date)

BSE Training conducted YES____ NO_____COMMENTS_____

CHE's Rating of Rapport with Participant:

POOR ☐ 1 FAIR ☐ 2 GOOD ☐ 3 EXCELLENT ☐ 4 UNABLE TO DETERMINE ☐ 5

CHE's Rating of Participant's Understanding of Materials/Information:

POOR ☐ 1 FAIR ☐ 2 GOOD ☐ 3 EXCELLENT ☐ 4 UNABLE TO DETERMINE ☐ 5

CHE's Rating of Participant's Overall Interest in Breast Cancer Screening:

POOR ☐ 1 FAIR ☐ 2 GOOD ☐ 3 EXCELLENT ☐ 4 UNABLE TO DETERMINE ☐ 5

COMMENTS:

_____

_____

_____

LENGTH OF VISIT:

CHE Signature_____**Date**_____