

*Here's why other women
like yourself get a
mammogram every year.*

- "I'm supposed to have this test every year."
- "I try very hard to take care of myself."
- "I'll do whatever I can to prevent the pain of cancer."
- "It's easy. My doctor makes the appointment for me every year."
- "Getting a mammogram is a habit for me. It's part of my yearly physical."



DO THE RIGHT THING
Schedule your mammogram now.

Remember:

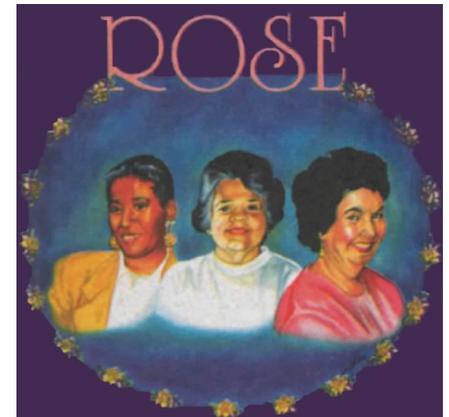
- Check your breasts once a month for lumps or other changes.
- Get a mammogram every year.
- Get a breast exam by a health care provider every year.



**For more information call your
doctor or the ROSE Project.
(910) 739-9511**

1988

***For the Rest of
Your Life!***



***Mammograms...
Make it a Habit!***

Mammograms: Once A Year for a Lifetime. Why?

Why do I need one every year?

We all enjoy watching the changes our family members have made over the years through pictures. Mammograms, like family pictures, allow us to see what changes have taken place in our breast since the last mammogram. This is why a yearly mammogram is so important; it is one way to take care of yourself.



A mammogram every year can find:

- Any unusual changes from the last year.
- Any unusual changes that are currently too small to be felt.
- Small cancers that are easy to treat.



How can I remember to schedule my mammogram every year?

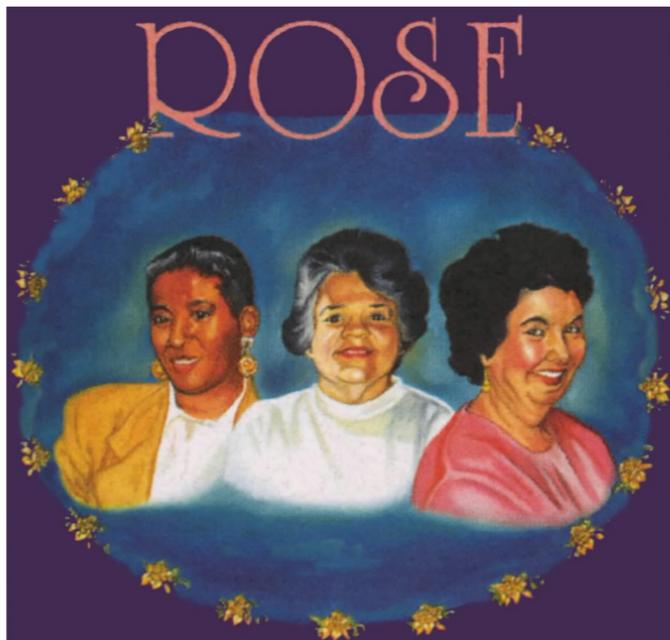
- Make it part of your annual exam.
- Remind your doctor it's time for your mammogram.
- Schedule your mammogram the same time every year. Use a special event (birthday, anniversary, or other yearly activity) to help you remember.
- Team up with a buddy and remind each other.
- Write yourself a reminder on next year's calendar.



How Do I Prepare for My Mammogram?

- Dress comfortably in a two-piece outfit.
- Do not use deodorant, talcum powder, ointment, or creams on your underarms or breasts.
- Remove any jewelry that might get in the way.
- Schedule your mammogram for the week after your period.

Ladies Health Guide



Robeson County Outreach Screening & Education Project

ROSE Health Guide

Introduction

This health guide has been prepared to provide you with a place to keep all of your important health information. When you become sick or injured, your important health facts can easily be found.

Please take a few minutes and complete this health guide. It is important that the information that you include is accurate; therefore, please do not guess. Check with your doctor if you are unsure.



Identification

Your Name _____

Address _____

Phone # _____

Height _____

Weight _____

Hair Color _____

Eye Color _____

Date of Birth _____

Blood Type _____

Religion _____

In an Emergency, notify: _____

Address _____

Phone # _____

Relationship _____

Nearest living relative _____

Address _____

Phone # _____

Insurance Information

Social Security Number _____

Health Insurance Co. _____

Policy Number _____

Medicaid Information _____

ID Number _____

Medicare Information _____

ID Number _____



Doctors

Primary Care Physician _____

Telephone # _____

Address _____

Hospital Affiliation _____

Eye Doctor _____

Telephone # _____

Address _____

Hospital Affiliation _____

Dentist _____

Telephone # _____

Address _____

Hospital Affiliation _____

Other Doctors _____

Telephone # _____

Address _____

Hospital Affiliation _____

Current Medical Problems That I Have

Medical Problem _____

Date _____

Doctor _____

Medication _____

Medical Problem _____

Date _____

Doctor _____

Medication _____

Medical Problem _____

Date _____

Doctor _____

Medication _____

Medical Problem _____

Date _____

Doctor _____

Medication _____

Current Medical Problems That I Have

Medical Problem _____

Date problem began _____

Doctor that treated me _____

How problem was treated _____

Medical Problem _____

Date problem began _____

Doctor that treated me _____

How problem was treated _____

I am allergic to:

Medicines that I Take

Name of Medication	Dosage	Date Prescribed	Possible Side-Effects*

*SIDE-EFFECTS. All medications cause side-effects. Some symptoms are minor while others are more serious. Whenever a new medication is prescribed, ask your doctor what its side-effects might be. Always inform your doctor if you are experiencing any unusual symptoms.

Record of Doctor Visits

Doctor _____

Date _____

Time _____

Record of Doctor Visits

Doctor _____

Date _____

Time _____

Record of Doctor Visits

Doctor _____

Date _____

Time _____

Yearly Exams

**Please check with your doctor to include the exact dates.*

*My last Pap Smear was*_____

*My next Pap Smear will be*_____

*My last mammogram was*_____

*My next mammogram will be*_____

*My last physical was*_____

*My next physical will be*_____



Yearly Exams

**Please check with your doctor to include the exact dates.*

My last Pap Smear was _____

My next Pap Smear will be _____

My last mammogram was _____

My next mammogram will be _____

My last physical was _____

My next physical will be _____



Yearly Exams

**Please check with your doctor to include the exact dates.*

*My last Pap Smear was*_____

*My next Pap Smear will be*_____

*My last mammogram was*_____

*My next mammogram will be*_____

*My last physical was*_____

*My next physical will be*_____



Yearly Exams

**Please check with your doctor to include the exact dates.*

My last Pap Smear was _____

My next Pap Smear will be _____

My last mammogram was _____

My next mammogram will be _____

My last physical was _____

My next physical will be _____



Telephone Numbers to Remember

ROSE Project.....	739-9511
Lumberton Radiological Associates Information.....	671-4000
WiseWoman.....	671-3200
American Cancer Society.....	1-800-227-2345
Medicare.....	1-800-672-3071
South Robeson Medical Center.....	628-6711
Julian T. Pierce Health Center.....	521-2816
Maxton Medical Center.....	844-5253
Lumberton Health Center.....	739-1666





ROSE

Robeson County
Outreach
Screening &
Education Project



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

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 COMMUNITY HOME VISIT PLAN

	<i>VISIT ONE</i>	<i>VISIT TWO</i>	<i>VISIT THREE</i>
<i>VISIT FORMS</i>	<ul style="list-style-type: none"> *Personal Data Card *Risk Assessment Form *Barrier Form *Visit One Encounter Form *Next Visit Card 	<p>REVIEW the following: Personal Data Card, Risk Assessment and Barrier Forms prior to this visit</p> <p>*Visit Two Encounter Form</p>	<p>REVIEW the following: Personal Data Card, Staging, Risk Assessment and Barrier Forms prior to this visit</p> <p>*Visit Three Encounter Form</p>
<i>PAMPHLETS</i>	<p>Inside of the participant's 2 pocket folder should be the following:</p> <ul style="list-style-type: none"> *NCI Book mark *NCI Mammography *Keep the Circle Unbroken *ROSE Telephone Card <p><i>Folder is to be left with participant .</i></p>	<ul style="list-style-type: none"> *Down Home Healthy Cooking *Eat 5 Fruits & Vegetables *How to do BSE *Your Best Body <i>(For Native Americans Only:</i> *<i>Circle of Life &</i> *<i>Traditional Foods Can Be Healthy)</i> 	ROSE Ladies Health Guide
<i>INCENTIVES</i>	Water Bottle	Calendar/BSE Stickers Tote Bag Mini Breast	Lotion and Soap set

INTERVENTION FILE CHECKLIST

Participant Name: _____

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

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: _____



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	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Benign finding-negative	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Probably benign finding-short interval followup suggested	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Suspicious abnormality - biopsy should be considered	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Highly suggestive of malignancy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
Not done	<input type="checkbox"/> ₁	<input type="checkbox"/> 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 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.

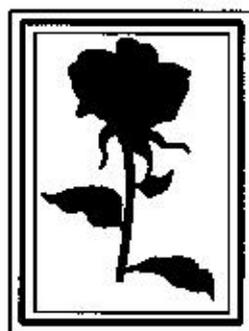
Risk Factor	Category	Points	Score
Your Age	29 or younger	1	_____
	30 - 39	3	
	40 - 49	7	
	50 - 59	10	
	60 or older	12	
Your Family History	No Breast Cancer	0	_____
	1 Aunt or 1 Grandmother	5	
	Mother or Sister	10	
	Mother + Sister	15	
	Mother + 2 Sisters	20	
Your History	No Breast Cancer	0	_____
	Previous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



ROSE
Robeson County
Outreach
& Screening &
Education Project

COMMUNITY HEALTH EDUCATOR

Barrier Counseling Handbook

I Don't Have Any Symptoms

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?

POSSIBLE COMMENT

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

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

POSSIBLE COMMENT

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

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

POSSIBLE COMMENT

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

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

POSSIBLE COMMENT

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

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 . . .

**POSSIBLE
COMMENT**

**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
HEALTH EDUCATION BARRIER ASSESSMENT**

Participant: _____
CHE: _____

Date: _____

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

<input type="checkbox"/>	<input type="checkbox"/>	I feel okay, so I don't need a mammogram.
<input type="checkbox"/>	<input type="checkbox"/>	I've not gotten cancer in all this time, so why worry about it.
<input type="checkbox"/>	<input type="checkbox"/>	Other

B. **Transportation** Problems

A D

<input type="checkbox"/>	<input type="checkbox"/>	I don't drive, and finding someone else to take me is too much trouble.
<input type="checkbox"/>	<input type="checkbox"/>	I would have to go too far to get a mammogram.

C. **Cost**

A D

<input type="checkbox"/>	<input type="checkbox"/>	I can only afford to see the doctor when I really need to and not just for a test.
<input type="checkbox"/>	<input type="checkbox"/>	I don't have insurance to cover that.
<input type="checkbox"/>	<input type="checkbox"/>	I would lose money if I took the time off work.

D. **Harmful Side Effects**

A D

<input type="checkbox"/>	<input type="checkbox"/>	I am afraid of the radiation from the mammogram.
<input type="checkbox"/>	<input type="checkbox"/>	A mammogram is just too painful.
<input type="checkbox"/>	<input type="checkbox"/>	I don't want to get bruised.

E. **Feelings of Doom or Hopelessness**

A D

<input type="checkbox"/>	<input type="checkbox"/>	If I had breast cancer, I'd rather not know.
<input type="checkbox"/>	<input type="checkbox"/>	If I have cancer, it is God's will.

F. **No Referral From Physician**

A D

<input type="checkbox"/>	<input type="checkbox"/>	My doctor hasn't told me I need a mammogram.
<input type="checkbox"/>	<input type="checkbox"/>	I've never seen or heard anything that said I needed a mammogram.

G. **Having a mammogram is embarrassing**

A D

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

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])**

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

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)

General Comments:

Questions Asked by Participant:

Barriers Reported:

Materials / Information Given to Participant:

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? _____

<p>Mammogram Appointment Scheduled: YES _____ NO _____ DATE _____</p> <p>WHERE _____ TIME _____</p>

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 _____