

Quantitative Study Questionnaire

Survey on Breast Cancer Behavior

Thank you for agreeing to participate in our study, “Factors Associated with Breast Cancer Screening Behaviors among the United States Born Versus Foreign Born Middle Eastern Women.” We would like to know a little more about your understanding and thoughts about breast cancer screening.

The survey should take about 20-30 minutes to complete. Answering these questions is voluntary and your responses will be kept confidential. Please answer the following questions about breast cancer screening and other health care related issues in the U.S. Please do not put your name or any other identifying information on this paper. If you have any questions about the survey, please call 419-530-4525. Thank you for your help.

SECTION I: Attitudes (Please select one for each item)

Mammography is the most effective screening tool used today to find breast cancer in most women. The U.S. Preventive Services Task Forces recommends for women ages 40-49 to have annual (yearly) screening mammography and for women ages 50-74 to have biennial (every 2 years) screening mammography or at a shorter interval by doctor’s order.

1.1 How do you feel when/if you meet mammogram national recommendations?

		Not at all	A little	Moderately	Quite a bit	Extremely
a	Good	1	2	3	4	5
b	Relaxed	1	2	3	4	5
c	Safe	1	2	3	4	5
d	Nervous	1	2	3	4	5
e	Afraid	1	2	3	4	5
f	Expensive	1	2	3	4	5
g	Embarrassed	1	2	3	4	5

1.2 Do you believe meeting mammogram national recommendations is?

		Not at all	A little	Moderately	Quite a bit	Extremely
a	Beneficial	1	2	3	4	5
b	Important	1	2	3	4	5
c	Safe	1	2	3	4	5
d	Unnecessary	1	2	3	4	5
e	Harmful	1	2	3	4	5
f	Useless	1	2	3	4	5

1.3 In your opinion, how much does each of the following people want you to meet mammogram national recommendations?

		Not at all	A little	Moderately	Quite a bit	Extremely
a	Your mother	1	2	3	4	5
b	Your husband/partner	1	2	3	4	5
c	Your female friends	1	2	3	4	5
d	Your health care provider	1	2	3	4	5

1.4 In your opinion, how often do the following people meet the mammogram national recommendations?

		Not at all	Rarely	Sometimes	Most of the time	Always
a	Most adult females from your community	1	2	3	4	5
b	Most females of your age	1	2	3	4	5
c	Most of your female friends	1	2	3	4	5
d	Most of your female relatives	1	2	3	4	5

1.5 Please indicate your level of confidence regarding each of the following statements:

	How confident are you	Not at all	A little	Moderately	Quite a bit	Extremely
a	To find a way to get regular screening mammogram	1	2	3	4	5
b	To meet mammogram national recommendations	1	2	3	4	5
c	To obtain health information about regular screening mammogram	1	2	3	4	5
d	To ask about regular screening mammogram to a female relative or friend	1	2	3	4	5

1.6 Please indicate your level of agreement or disagreement regarding each of the following statements:

		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a	If I want to, I can meet mammogram national recommendations	1	2	3	4	5
b	It's my choice to determine where I get my screening mammogram	1	2	3	4	5
c	It's my choice to determine when I get my screening mammogram	1	2	3	4	5
d	It is up to me whether I get a screening mammogram or not	1	2	3	4	5

1.7 How big are the following barriers for you to get a screening mammogram?

		Not at all	A little	Somewhat	Quite a bit	Extremely
a	Taking time off from work	1	2	3	4	5
b	Transportation to the mammogram facility	1	2	3	4	5
c	Finding a female doctor/mammography technician	1	2	3	4	5

1.8 How strong is your intention to

		Not at all	A little	A lot	Greatly	Enthusiastically
a	Discuss your next mammogram with a female relative or friend	1	2	3	4	5
b	Perform a breast self-exam once a month	1	2	3	4	5
c	Meet mammogram national recommendations	1	2	3	4	5

SECTION II: Cancer screening behavior (Please mark only one box)

2.1 A mammogram is an x-ray of each breast to look for breast cancer. Has a doctor ever told you that whether or not you could choose to have a mammogram?

Yes No

2.2 When did you have your most recent mammogram to check for breast cancer, if ever?

I have never had a mammogram
 _____year(s) _____month(s) ago

SECTION III: Knowledge about Breast Cancer Screening (Please mark only one box)

- 3.1 If you are postmenopausal, how often should you do breast self-examination?
 Each week Once a month Every three months Don't know
- 3.2 Most breast lumps are found by:
 Women themselves Physician Mammogram Don't know
- 3.3 How much difference does regular breast cancer screening make in the chance of curing breast cancer?
 A great deal Some difference Little or no difference Don't know
- 3.4 A woman who regularly feels (palpates) her breasts is doing one of the most effective methods of breast cancer detection:
 True False Don't know
- 3.5 Mammography can detect cancer that cannot be felt:
 True False Don't know
- 3.6 At what age should a young woman begin doing breast self-examination?
 20 30 35 Don't know
- 3.7 If a woman gets regular mammography, she doesn't need to do breast self-examination or have physical examinations:
 True False Don't know
- 3.8 Breast self-examination should be performed during your period when lumps are most easily detected:
 True False Don't know
- 3.9 An important part of breast self-examination is looking at your breasts in the mirror:
 True False Don't know
- 3.10 Some nipple discharge is expected as you get older when you squeeze the nipple during breast self-examination:
 True False Don't know
- 3.11 Breast self-examination should include feeling (palpating) for lumps under your arm:
 True False Don't know
- 3.12 Squeezing the nipple is necessary for a good examination:
 True False Don't know
- 3.13 How often should a breast examination be performed?
 Every 6 months Once a month Once a week Don't know
- 3.14 When feeling (palpating) the breast, you should use the:
 Pads of your fingers Tips of your fingers Don't know

SECTION IV: Health status

- 4.1 Would you say that in general your physical health is__? (Please mark only one box)
- Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Don't know
- 4.2 Have you ever been diagnosed as having cancer? (If no, please skip to the next section)
- Yes No
- 4.3 What type of cancer did you have?
- Lung
 - Cervical
 - Ovarian
 - Colon
 - Other _____

SECTION V: Health Care Access

The following questions ask for your opinions about different health-related activities. The first group of questions focuses on access to care (Please mark only one box).

- 5.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Medicaid? note: Medicare is a coverage plan for people age 65 or over for certain disabled people).
- Yes No Don't know/Not sure
- 5.2 Do you have one person you think of as your personal doctor or health care provider?
- Yes, only one More than one No person as personal doctor Don't know/Not sure
- 5.3 How many times have you been to a doctor, nurse, or other health professional in the past 12 months?
- Zero time One time Two times Three or more times
- 5.4 Was there a time in the past 12 months when you needed to see a doctor but couldn't because of cost?
- Yes No Don't know/Not sure
- 5.5 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general exam, not an exam for a specific injury, illness, or condition.
- Don't know/Not sure
 - Never have been
 - _____year(s) _____month(s) ago
- 5.6 Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.
- Yes No Don't know/Not sure
- 5.7 Do you currently have any health care bills that are not being paid off over time? (health care bills can include medical, dental, physical therapy and/or chiropractic cost)
- Yes No Don't know/Not sure

SECTION VI: DEMOGRAPHICS

6.1 What is your birth year and month? _____(year) _____(month)

6.2 What is your country of birth?

- Lebanon
- Syria
- Israel
- Iraq
- Turkey
- United States
- Other Middle Eastern Country _____

6.3 What is your ethnic/tribal background (please mark all that apply)

- Lebanese
- Syrian
- Israeli
- Iraqi
- Chaldean
- Turkish
- Egyptian
- Iranian
- Unknown
- Other _____

6.4 If you were not born in the U.S., how long have you been living in the U.S.? _____years _____N/A

6.5 The U.S. Census Bureau defines, the first generation as the “foreign-born person who gains citizenship in the country” and second generation as “those individuals who have at least one foreign-born parent.” Based on this information, which one do you consider yourself?

- First generation
- Second generation

6.6 If you were not born in the U.S., what age were you when you immigrated to the U.S.?
_____years old _____N/A

6.7 What language do you speak at home? (please mark all that apply)

- Arabic
- Hebrew
- Turkish
- Persian
- Aramaic
- Kurdish
- Other _____

6.8 What is your religious background (please mark all that apply)

- Christianity
- Islam
- Judaism
- Agnosticism
- Bahaism
- Other _____

- 6.9 How well do you speak English?
 Not at all A little Somewhat Quite well Very well
- 6.10 How well do you read English?
 Not at all A little Somewhat Quite well Very well
- 6.11 Do you have (had) any relatives or friends suffering from breast cancer?
 Yes No
- 6.12 What is your relationship with the relatives who had breast cancer? (please mark all that apply)
 Mother, sister, daughter
 Grandmother, aunt
 Other relatives
- 6.13 What is your marital status? (please mark only one box)
 Married
 Divorced
 Widowed
 Separated
 Never married
 Other _____
- 6.14 How many years of school you completed?
 _____ years
- 6.15 Are you currently? (please mark only one box)
 Employed for wages
 Self-employed
 Out of work for 1 year or more
 Out of work for less than 1 year
 A Homemaker
 A Student
 Retired
- 6.16 Is your annual household income from all sources? (Please mark only one box)
 Less than \$25,000 (\$20,000 to less than \$25,000)
 Less than \$20,000 (\$15,000 to less than \$20,000)
 Less than \$15,000 (\$10,000 to less than \$15,000)
 Less than \$10,000
 Less than \$35,000 (\$25,000 to less than \$35,000)
 Less than \$50,000 (\$35,000 to less than \$50,000)
 Less than \$75,000 (\$50,000 to less than \$75,000)
 \$75,000 or more
- 6.17 What is the ZIP Code where you live? (please enter 5-digit code) _____