Date of Mammogram _____

ENCORE plus
eliminating racism empowering women ywca

AVON BREAST CANCER CRUSADE

My signature on this questionnaire represents my permission to release my information to the **ENCOREplus Breast Cancer Outreach Program** which is sponsored by the AVON Breast Cancer Crusade to be used for STATISTICAL PURPOSES ONLY. ALL information is confidential and will not be released to any outside entity.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

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Avon Breast Health Outreach Program
Confidential Client Intake Form

Agency ID | Today's Date ___/___/___

Client ID

Services to be paid for by: (check all that apply)
- ☐ Client's health insurance
- ☐ BCCEDP ☐ Komen Grant ☐ Other
- ☐ Fee for service ☐ Private donation ☐ Other state funds

Office Use Only *(continued on back)*

It is important to have a general picture of all the women who receive services from the Avon Breast Health Outreach Program. Please answer each question about yourself. Your name will not be used anywhere on this questionnaire.
ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

1. What is your age? ____ years

2. Are you of Hispanic, Latino(a), or Spanish origin?
☐ Yes ☐ No

3. What is your race? *(check one or more)*
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Other:

4. What language do you most often speak at home? *(check one)*

☐ English	☐ Hindi	☐ Portuguese	☐ Russian
☐ Spanish	☐ Tagalog	☐ Vietnamese	☐ Amharic
☐ French	☐ Arabic	☐ Cantonese	☐ Other
☐ Korean	☐ Creole	☐ Mandarin	

5. In what country were you born?
- ☐ United States
- ☐ Other:

6. How long have you lived in the USA?
☐ Less than a year ☐ More than 5 years
☐ From 1 to 5 years ☐ All my life

7. What is the HIGHEST grade you have completed? *(check one)*

☐ Graduate Degree	☐ High School Diploma/GED
☐ Some Graduate	☐ Some High School completed
☐ Bachelors Degree	☐ Less than High School
☐ Associates Degree	☐ No formal education
☐ Some College	

8. What is your annual household income?

☐ $0 - $5,000	☐ $15,001 - $25,000
☐ $5,001 - $10,000	☐ $25,001 - $50,000
☐ $10,001 - $15,000	☐ More than $50,000
	☐ Do not know

9. How would you describe the area where you live? *(check one)*
☐ Urban/City ☐ Rural ☐ Indian reservation
☐ Suburban ☐ Frontier ☐ Other

10. What is your zip code?

11. What is your sex or current gender? *(check all that apply)*
☐ Female ☐ Male ☐ Decline to state
☐ Other:

12. What do you personally identify as? *(check all that apply)*
☐ Lesbian or Gay ☐ Bisexual ☐ Transgender
☐ None of the above ☐ Decline to state
☐ Other:

13. How did you hear about this program? *(check all that apply)*

☐ Flyer or brochure	☐ Health Fair
☐ Health care provider	☐ Church
☐ Family or friend	☐ YWCA
☐ Outreach worker	☐ Newspaper
☐ Annual reminder from program	☐ Avon representative
☐ Other:	

14. How many times have you used this program to access breast health screening services?
☐ First time ☐ Third time
☐ Second time ☐ More than three times

15. What made you decide to come to this program for breast health services? *(check all that apply)*

☐ Low-cost/Free Service	☐ Incentive/Free gift
☐ Friendly/Helpful staff	☐ Nice facility
☐ Offers transportation	☐ Easy to get to
☐ Offers child care	☐ Other
☐ Advertisements	

- ☐ Encouragement from family/friends
- ☐ Speak my language/Culturally sensitive
- ☐ Opened at convenient times for me
- ☐ Referred by my health care provider

please continue on other side

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Avon Breast Health Outreach Program - Confidential Client Intake Form *(continued)*

16. What type of health insurance do you have? *(check all that apply)*

- ☐ Medicaid or other public plan
- ☐ Medicare
- ☐ Indian Health Service
- ☐ VA, Tricare and other military health care
- ☐ No insurance/uninsured
- ☐ Private - Individual
- ☐ Private - Employer
- ☐ Other plan

17. In the past year, where have you gone for your health care services? *(check all that apply)*

- ☐ Tribal clinic
- ☐ Hospital clinic
- ☐ Emergency room
- ☐ Traditional healer
- ☐ Private medical provider
- ☐ Family planning clinic
- ☐ Community health center
- ☐ Health Department
- ☐ Other
- ☐ None

18. Have you ever been diagnosed with breast cancer?

☐ Yes ☐ No ☐ Not Sure

19. Do you currently have any breast symptoms, such as a lump, rash, unusual pain, or nipple discharge?

☐ Yes ☐ No ☐ Not Sure

20. Has your mother, sister or daughter had breast cancer? ☐ Yes ☐ No ☐ Not Sure

21. Have you ever had a breast biopsy?

☐ Yes ☐ No ☐ Not Sure

22. When was the last time a physician or nurse examined your breasts?

- ☐ Less than a year ago
- ☐ From 1 to 2 years ago
- ☐ More than 2 years ago
- ☐ Never had one
- ☐ Not sure

23. Did you know about mammograms before today? ☐ Yes ☐ No ☐ Not Sure

24. How long ago was your last mammogram?

- ☐ Less than a year ago
- ☐ From 1 to 2 years ago
- ☐ More than 2 years ago
- ☐ Never had one
- ☐ Not sure

25. If you have NEVER had a mammogram OR have NOT had one in the past 2 years, why haven't you? *(check all that apply)*

- ☐ No health insurance
- ☐ Too young to have one
- ☐ Nothing wrong with me
- ☐ Not a priority in my life
- ☐ Afraid of finding a problem
- ☐ My doctor has not recommended one
- ☐ Never had breast cancer in our family
- ☐ Other
- ☐ Too expensive
- ☐ Too busy
- ☐ Didn't know I should
- ☐ No transportation
- ☐ Not Applicable

26. Has a doctor ever told you that you had: *(check all that apply)*

- ☐ High blood pressure
- ☐ Diabetes
- ☐ Dense breasts
- ☐ Physical, mental or emotional disability
- ☐ Heart disease or angina
- ☐ Congestive heart failure
- ☐ None of these

27. Do you currently smoke cigarettes?

☐ Yes ☐ No

If yes, how many per day? ☐☐ Cigarettes per day

28. Have you ever given birth?

☐ Yes ☐ No

If yes, how old were you when your first child was born? ☐☐ Age

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Exam type: *(check one)*

- ☐ Screening mammogram
- ☐ Diagnostic mammogram
- ☐ Don't know

Where was this form filled out? *(check one)*

- ☐ At outreach event
- ☐ At screening appointment
- ☐ Over the phone
- ☐ At client's home
- ☐ Other

Who filled out this form? *(check one)*

- ☐ Client
- ☐ Health care provider
- ☐ Client with interpreter
- ☐ Outreach worker
- ☐ Other

Type of mammography equipment to be used: *(check all that apply)*

- ☐ Digital
- ☐ Tomosynthesis
- ☐ MRI
- ☐ Don't know

Where will client go to have a mammogram? *(check one)*

- ☐ Hospital imaging center
- ☐ Community health center
- ☐ Primary care provider's office
- ☐ Church
- ☐ Jail/Prison
- ☐ Senior center
- ☐ Community center
- ☐ Shelter
- ☐ Radiology facility
- ☐ Other
- ☐ Not applicable

Type of screening site: *(check one)*

- ☐ Mobile unit
- ☐ Mobile van
- ☐ Stationary unit
- ☐ Don't know site type