

# The Breast Health Survey

Tell us what you think!

---

Help create a world  
without breast cancer.

see our website for more information at [www.komenneohio.org](http://www.komenneohio.org)



# SPEAK ALLOUD



hello!

we want to hear from you!

## THE BREAST HEALTH SURVEY



### What is the purpose of the breast health survey?

You are invited to participate in a survey being conducted by Susan G. Komen Northeast Ohio (NEO). Komen NEO is collecting this information as part of their 2015 Community Profile report, a needs assessment used to understand the unique needs of the NEO community and to learn the best ways to meet those needs.

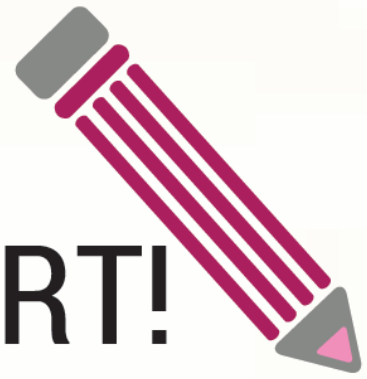
The purpose of this survey is to gain insight into your perceptions of breast health and breast cancer in NEO. The information from this survey will contribute to a better understanding of the gaps, needs, and barriers in breast health and breast cancer in Northeast Ohio.

### Why should I fill out this survey?

Each person who completes this survey gives their community and its members a voice. Each voice is vital in painting a true picture of the needs in our region, and each unique community served by Komen NEO. Your knowledge is invaluable and we appreciate you taking the time to complete the survey.

FOR MORE INFORMATION, PLEASE VISIT [WWW.KOMENNEOHIO.ORG](http://WWW.KOMENNEOHIO.ORG)

# READ THIS BEFORE YOU START!



## WHAT YOU NEED

### BEFORE YOU START, MAKE SURE YOU ARE PREPARED

- The survey will take approximately 20-30 minutes to fill out.
- You will be asked to provide personal information related to your health.
- Your responses are confidential and participation is voluntary.
- You may stop responding at any time or skip any questions you do not want to answer.
- Some questions relate to your personal health status and may cause emotional distress. You may skip any questions you feel uncomfortable answering.

## SURVEY INSTRUCTIONS

- 1** Make sure you sign the waiver at the bottom of this page to indicate your permission to participate in the survey.
- 2** Answer each question to the best of your ability. If a question asks you to SKIP to another question or section, please use the corresponding numbers.
- 3** Once you are finished, tear out the survey pages, place them in the enclosed pre-stamped envelope, and send them back to Komen Northeast Ohio no later than October 31, 2014.

*Sign here!*

By signing below, you indicate you are at least 18 years or older and have read and understood this consent and agree to participate.

**X**

**Section 1 – Breast Health Perspectives:** These questions ask about general points of view on common breast health practices.

- 1.1. What do you think is the right age for people to start getting clinical breast exams (when a healthcare provider checks the breast for lumps or other changes)?
- 20s
  - 30s
  - 40s
  - 50s
  - 60s and over

- 1.2. What do you think is the right age for people to start getting mammograms (an X-ray picture of the breast to check for breast cancer)?
- 20s
  - 30s
  - 40s
  - 50s
  - 60s and over

- 1.3. Do you think people understand when to start getting checked for breast cancer?
- Yes
  - No
  - Unsure
- \*If no, why do you think people do not know when to start getting checked for breast cancer?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 1.4. Do you think people understand how often they should get checked for breast cancer? (Example: once a month, every six months, once a year)
- Yes
  - No
  - I do not know

\*If **no**, why do you think people do not know how often they should get checked for breast cancer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 1.5. Have you ever been diagnosed with breast cancer?
- Yes → **Continue to Section 2**
  - No → **SKIP to Section 3**
  - Do not know → **SKIP to Section 3**

**Section 2 – Breast Cancer Experience:** These questions ask about your personal journey with breast cancer.

- 2.1. Before you were diagnosed with breast cancer, what made you get screened?  
[Please select all that apply]
- Found a lump with self-exam
  - Friend encouraged me to go
  - Educational programs or information passed out in my community
  - Heard about the importance of screenings on the news/internet
  - A doctor/nurse said I should go while I was being seen for something unrelated
  - A doctor/nurse said I should go after doing a clinical breast exam
  - A close friend/family member was diagnosed with breast cancer
  - Family history
  - Genetic testing
  - Yearly screening
  - Other [Please specify]
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2.2. How old were you when your breast cancer was diagnosed?
- 18-34
  - 35-39
  - 40-44
  - 45-49
  - 50-54
  - 55-59
  - 60-64
  - 65-69
  - 70 or older

- 2.3. How was your breast cancer first discovered?
- Self-exam
  - Partner noticed it
  - Doctor or nurse discovered it during a clinical breast exam
  - Mammogram
  - Ultrasound
  - MRI
  - I do not know
  - Other [Please specify]
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2.4. What stage was your breast cancer when it was diagnosed?
- Stage 0
  - Stage I
  - Stage II
  - Stage III
  - Stage IV
  - I do not know

- 2.5. What method was used to diagnose your breast cancer?
- Diagnostic mammogram
  - Breast ultrasound
  - MRI
  - Biopsy
  - Surgery
  - I do not know
  - None
  - Other [Please specify]
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2.6. How much time passed from your first discovery of a breast problem to the time you were diagnosed with breast cancer?
- Less than 1 week
  - 1-2 weeks
  - 3-4 weeks
  - More than 1 month

- 2.7. What type(s) of treatment did you have?  
[Please mark all that apply]
- Surgery – lumpectomy
  - Surgery – mastectomy
  - Chemotherapy
  - Radiation
  - Adjuvant therapy (treatment that is given in addition to the main treatment; examples: Herceptin, Tamoxifan)
  - I do not know
  - Other [Please specify]
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2.8. Did you have any complementary and/or alternative treatments? (Examples: acupuncture, osteopathy, guided imagery, reiki, etc.)
- Yes
  - No
  - I do not know
- \*If yes, what therapies did you have?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2.9. How far did you have to travel for your breast cancer treatments?
- 0-10 miles
  - 10-50 miles
  - 50-100 miles
  - More than 100 miles
  - I do not know

- 2.10. Are you currently in treatment for breast cancer?
- Yes
  - No
  - I do not know

- 2.11. Did you neglect other areas of your health (examples: high blood pressure, diabetes, asthma, etc.) while going through breast cancer treatments?
- Yes
  - No
  - I do not know
- \*Why or why not?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2.12. Did you have health insurance at the time of your diagnosis?
- Yes → **Continue to question 2.13**
  - No → **SKIP to question 2.15**

- 2.13. What type of health insurance did you have?
- Private insurance
  - Medicare
  - Medicaid
  - Hospital Care Assurance Program (H-CAP)
  - I do not know
  - Other [Please specify]
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 2.14. What percentage of your treatment was covered by your insurance?
- 100%
  - Almost 100%, minimal co-pays
  - 75%
  - 50%
  - 25%
  - 0%
  - I do not know

2.15. In what ways did your health insurance coverage (or lack of coverage) affect you?  
[Check all that apply]

- Influenced my decision to be screened
- Influenced my decision to have treatment/follow-up care
- Created a financial difficulty
- Created emotional stress
- Encouraged me to look for help in my community
- None
- Other [Please specify]

---

---

---

2.16. Did your health insurance change during your treatment?

- Yes
- No
- I do not know

\*If **yes**, what changed and how did that affect your treatment plan?

---

---

---

2.17. What are the barriers you faced, if any, when going through breast cancer treatment?

---

---

---

2.18. Were you connected to a patient navigator (assistance provided by healthcare staff to guide patients through the healthcare system) during your treatment(s)?

- Yes → **Continue to question 2.19**
- No → **SKIP to question 2.22**

2.19. What kind of assistance did the patient navigator offer you?

---

---

---

---

---

2.20. Was the assistance provided by the patient navigator helpful?

- Yes
- No
- I do not know

2.21. What can patient navigators do to improve the patient experience during treatment?

---

---

---

---

---

2.22. What services and/or programs should Komen Northeast Ohio offer to better support breast cancer survivors?

---

---

---

---

---

**Now SKIP to Section 4**

**Section 3 – Your Breast Health:** These questions ask about your personal breast health practices.

- 3.1. Have you ever had a clinical breast exam (when a healthcare provider checks the breast for lumps or other changes)?
- Yes → **Continue to question 3.2**
  - No → **SKIP to question 3.4**
  - I do not know → **SKIP to question 3.4**

- 3.2. When was your last clinical breast exam?
- In the past month
  - 1-6 months ago
  - 6-12 months ago
  - More than 1 year ago
  - I do not know

- 3.3. How often do you get clinical breast exams?
- More than once a year
  - Once a year
  - Once every two years
  - Once every three years
  - More than three years apart
  - I do not know

- 3.4. Have you ever had a mammogram (an X-ray picture of the breast to check for breast cancer)?
- Yes → **Continue to question 3.5**
  - No → **SKIP to question 3.7**
  - I do not know → **SKIP to question 3.7**

- 3.5. When was your last mammogram?
- In the past month
  - 1-6 months ago
  - 6-12 months ago
  - More than 1 year ago
  - I do not know

- 3.6. How often do you get mammograms?
- More than once a year
  - Once a year
  - Once every two years
  - Once every three years
  - More than three years apart
  - I do not know

- 3.7. What would make you get checked for breast cancer? [Please select all that apply]
- Found a lump with self-exam
  - Friend encouraged me to get screened
  - Educational programs or information passed out in my community
  - Heard about the importance of screening on the news/internet
  - Heard about an organization giving free breast cancer screenings
  - A doctor/nurse said I should get checked for breast cancer
  - A close friend/family member was diagnosed
  - Family history
  - Genetic testing
  - Other [Please specify]
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

- 3.8. Do you know where to get breast health services (example: where to get clinical breast exams or mammograms)?
- Yes
  - No
  - I do not know

\*If **no or do not know**, who would you ask to find out?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Section 4 – Breast Health in the Community:** These questions ask about breast health programs and services in the community/neighborhood where you live.

4.1. Do you know of any community programs that educate about breast health?  
 Yes → **Continue to question 4.2**  
 No → **SKIP to question 4.4**  
 I do not know → **SKIP to question 4.4**

4.2. What are the names of those programs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.3. Do you think those programs are helpful?  
 Yes  
 No  
\*Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.4. Do you know of any community programs that offer services to check for breast cancer (Example: clinical breast exams, mammograms)?  
 Yes → **Continue to question 4.5**  
 No → **SKIP to question 4.7**  
 I do not know → **SKIP to question 4.7**

4.5. What are the names of those programs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.6. Do you think those programs are helpful?  
 Yes  
 No  
\*Why or why not?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.7. What encourages people to get checked for breast cancer in your community?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.8. What makes it difficult for people to get checked for breast cancer in your community?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.9. What would make it easier for people to get help with services that check for breast cancer (example: clinical breast exams, mammograms)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.10. Would you know where to get services to check for breast cancer for a male partner/friend/family member?  
 Yes  
 No

**Section 5 – Insurance and Health Status:** These questions ask about your current health insurance status and financial assistance programs.

5.1. Do you have a doctor that takes care of all your medical needs?

- Yes
- No
- I do not know

5.2. Do you currently have health insurance?

- Yes → **Continue to question 5.3**
- No → **SKIP to question 5.6**
- I do not know → **SKIP to question 5.6**

5.3. If you currently have health insurance, what type(s) of insurance do you have? [Please select all that apply]

- Private insurance (self-pay)
- Hospital Care Assurance Program (H-CAP)
- Medicare
- Medicaid
- Other [Please specify]

\_\_\_\_\_

\*If you have **private insurance**, how do you pay for it?

- Self-pay
- Spouse
- Receive health insurance through my employer/work

5.4. Does your insurance cover breast health screenings (example: clinical breast exams, mammograms)?

- Yes
- No
- I do not know

5.5. Does your insurance cover breast cancer treatment?

- Yes
- No
- I do not know

5.6. Do you know about any programs that help people pay for breast cancer screenings (example: clinical breast exams, mammograms)?

- Yes → **Continue to question 5.7**
- No → **SKIP to question 5.9**
- I do not know → **SKIP to question 5.9**

5.7. What programs that help people pay for breast cancer screenings do you know about?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.8. Do you think the programs you listed are helpful?

- Yes
- No
- I do not know

\*Why or why not?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5.9. Do you know about the Breast and Cervical Cancer Project (BCCP)?

- Yes
- No
- I do not know

5.10. Do you know about the national health insurance program (Examples: Affordable Care Act, health care exchanges, Obamacare, etc.)?

- Yes → **Continue to question 5.11**
- No → **SKIP to Section 6**

5.11. Do you think the national health insurance program will help you?

Yes

No

I do not know

**Section 6 – Susan G. Komen:** These questions ask what you think about Susan G. Komen Northeast Ohio.

6.1. How do you think Komen Northeast Ohio (Komen NEO) uses the money it raises?

---



---



---



---

6.2. Please rate your level of agreement with the following statements:

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>	<b>Not Applicable</b>
Komen NEO is a resource to local survivors						
Komen NEO is an educational expert in my community						
Komen NEO is the leader in breast health awareness in my community						
Komen NEO has an influence on public policy/government spending						
Komen NEO is a strong partner with other breast health organizations						
Komen NEO is an organization that embraces all						
Komen NEO is an organization that empowers women						
Komen NEO uses donated funds wisely						
Komen NEO communicates its message effectively to the community						
Komen NEO impacts lives in my community						

6.3. Do you have other comments about Komen NEO?

---



---



---

**Section 7 – Demographic Information:** Please tell us a little more about yourself.

7.1. What county do you live in?  
\_\_\_\_\_

7.2. What zip code do you currently live in?  
\_\_\_\_\_

- 7.3. What is your race? [Please select all that apply]
- American Indian or Alaska Native
  - Asian Pacific Islander
  - Black
  - White
  - Not sure
  - Prefer not to answer

- 7.4. What is your ethnicity? [Please select all that apply]
- Hispanic/Latina
  - Non-Hispanic/Latina
  - Not sure
  - Prefer not to answer

7.5. What year were you born?  
\_\_\_\_\_

- 7.6. What is the highest level of education you have completed?
- Less than 8<sup>th</sup> grade
  - 9<sup>th</sup>- 12<sup>th</sup> grade, no diploma
  - High school graduate
  - GED
  - Trade/technical/vocational training
  - Some college, no degree
  - Associate degree
  - Bachelor's degree
  - Some post graduate work
  - Post graduate degree
  - Master's degree
  - Professional degree/certificate
  - Doctoral degree

7.7. How many people currently live in your household?

- 1
- 2
- 3
- 4
- 5
- 6 or more

7.8. What is your total yearly household income?

- Less than \$15,000
- \$15,000 - \$29,999
- \$30,000 - \$44,999
- \$45,000 - \$59,999
- \$60,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 or more

7.9. Any other comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for completing  
The Breast Health Survey.



Survey results will be published  
in the Summer of 2015. Visit  
[www.komenneohio.org](http://www.komenneohio.org) or call  
(216) 292-2873 to request a  
copy of the results.

Please tear out the survey  
pages with your consent form,  
place them in the stamped  
envelope, and send it in the  
mail by October 31, 2014.



# About Us



The mission of Susan G. Komen is to save lives and end breast cancer forever.

## **About Susan G. Komen Northeast Ohio**

Susan G. Komen Northeast Ohio is working to better the lives of those facing breast cancer in the local community. Through events like the Komen Northeast Ohio Cleveland and Akron Race for the Cure, Komen Northeast Ohio has invested nearly \$14 million in community breast health programs in our 22-county region of Northeast Ohio and has helped contribute to the more than \$800 million invested globally in research. For more information, call 216.292.CURE or visit [www.kommenneohio.org](http://www.kommenneohio.org). Connect with us on Facebook at [facebook.com/kommenneohio](https://facebook.com/kommenneohio) and Twitter @KomenNEOhio.

## **About Susan G. Komen®**

Susan G. Komen is the world's largest breast cancer organization, funding more breast cancer research than any other nonprofit while providing real-time help to those facing the disease. Since its founding in 1982, Komen has funded more than \$800 million in research and provided \$1.7 billion in funding to screening, education, treatment and psychosocial support programs serving millions of people in more than 30 countries worldwide. Komen was founded by Nancy G. Brinker, who promised her sister, Susan G. Komen, that she would end the disease that claimed Suzy's life. Visit [komen.org](http://komen.org) or call 1-877 GO KOMEN. Connect with us on Facebook at [facebook.com/susangkomen](https://facebook.com/susangkomen) and Twitter @SusanGKomen.





Susan G. Komen Northeast Ohio  
26210 Emery Road, Suite 307 | Warrensville Heights, OH 44128  
(216) 292-CURE | [www.kommenneohio.org](http://www.kommenneohio.org) | [info@kommenneohio.org](mailto:info@kommenneohio.org)