

Barriers to Breast Health Seeking and Screening Uptake in an Urban Community in Mumbai, India

(✓ Tick wherever appropriate)

Name

CHSS No. /

DOB

Designation

(Only year if not remember)

Address

A. Socio Demographic Characteristics

<p>1] Education </p> <p><input type="checkbox"/> 1. Illiterate</p> <p><input type="checkbox"/> 2. School</p> <p><input type="checkbox"/> 3. Graduate</p> <p><input type="checkbox"/> 4. Post graduate</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>2] Marital status</p> <p><input type="checkbox"/> 1. Single</p> <p><input type="checkbox"/> 2. Divorced</p> <p><input type="checkbox"/> 3. Widowed</p> <p><input type="checkbox"/> 4. Married</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>3] Religion</p> <p><input type="checkbox"/> 1. Hindu</p> <p><input type="checkbox"/> 2. Muslim</p> <p><input type="checkbox"/> 3. Christian</p> <p><input type="checkbox"/> 4. Other</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>4] Occupation</p> <p><input type="checkbox"/> 1. Housewife</p> <p><input type="checkbox"/> 2. Employed</p> <p><input type="checkbox"/> 3. Professional</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>5] Menstrual History</p> <p><input type="checkbox"/> 1. Premenopausal</p> <p><input type="checkbox"/> 2. Post menopausal</p> <p><input type="checkbox"/> 3. Hysterectomy</p> <p><input type="checkbox"/> 9. Unknown</p>
<p>6] Family history of Breast and related cancers</p> <p><input type="checkbox"/> 1. Yes</p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>7] Medical history of any chronic illness/cancer</p> <p><input type="checkbox"/> 1. Yes</p> <p style="text-align: center;"><i>Specify, if Yes</i> <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>8] H/o breast feeding</p> <p><input type="checkbox"/> 1. Yes </p> <p style="text-align: center;"><i>No. of month, if Yes</i> <input style="width: 50px;" type="text"/></p> <p><input type="checkbox"/> 2. No</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>9] Family type </p> <p><input type="checkbox"/> 1. Joint</p> <p><input type="checkbox"/> 2. Nuclear</p> <p><input type="checkbox"/> 9. Unknown</p>	<p>10] Children Alive</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> >3</p>
<p> 11] Monthly income <input style="width: 150px;" type="text"/></p>				

B. Questionnaire for barriers to breast health seeking

B1. Awareness

1] Have you heard about the breast cancer ? 1. Yes 2. No 9. Unknown

2] Whom have you heard about cancer from ?

1. Family member/Relatives <input type="checkbox"/>	3 Friends/Neighbours <input type="checkbox"/>	6. Multiple source <input type="checkbox"/>
2. Healthcare professionals <input type="checkbox"/>	4. TV/Newspaper <input type="checkbox"/>	9. Unknown <input type="checkbox"/>
5 internet <input type="checkbox"/>		

3] Which one or many of the following do you think are symptoms of breast cancer?

	1. Yes	2. No	9. Unknown
	1. Change in size of the breast <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Blood stained nipple discharge <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Lump in the breast <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Pain in the breasts <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. Skin changes over the breast <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Lump in the arm pit <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	1.Yes	2.No	9.Unknown
4] Which of the following are Risk factors for developing breast Cancer ?			
a. Family history of breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol, smoking and other unhealthy life style factors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overuse of unsupervised contraceptive pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Not having children or not breast feeding them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Infection from other person having cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1] Are you aware that there is routine breast examination of breast carried out for early detection of cancer at your dispensary / Hosp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2] Have you received our Information brochure on Breast awareness ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2 Social and cultural barriers

	1.Yes	2.No	9.Unknown
1] Do you feel it's necessary to get breast checkup done even in absence of symptoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2] Do you feel it is more important to look after health of family members than your own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3] Do you feel your family members or spouse will accompany you or encourage you for routine checkup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4] Do you feel you do not have time to go for breast checkup ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5] Are you afraid that your neighbors or friends may see you as cancer patient if you go for breast checkup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3 Geographical barriers

	1.Yes	2.No	9.Unknown
1] Wheather dispensary and breast examination service located far from your residence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B4 Perceived Risk

	1.Yes	2.No	9.Unknown
1] Do you think that once you show a doctor, they will find some problem and you will need further treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2] Do you feel if detected with cancer you will lose your breast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B5. Fatalism and spirituality

	1.Yes	2.No	9.Unknown
1] Do you think that breast cancer curable ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2] Do you think that breast cancer a sin/ punishment for sin from God	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3] Do you think alternative medicines/ spiritual healing is better than doctor's medication or surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B6. Healthcare related issues

	1.Yes	2.No	9.Unknown
1] Do you think your doctors and hospital can treat you if you are detected with breast cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2] Have you ever felt there was lack of privacy at the checkup center?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3] Was the staff rude or indifferent to your desire to get a routine checkup ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>