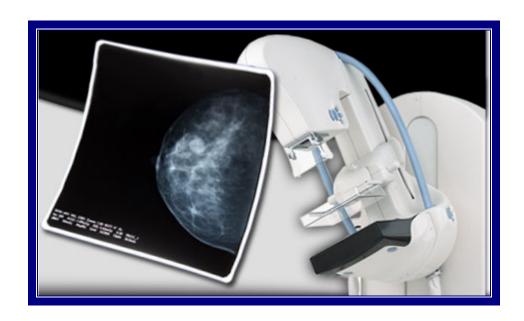
Should I Continue Getting Mammograms after age 75?



This is a tool to help you make this decision. You will need a pen/pencil to complete parts of this tool.

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What is the purpose of this tool?

- Doctors do not know if mammograms benefit women age 75 or older.
- This tool will help you think about whether or not you want to stop or continue getting mammograms.
- This tool is NOT for women who have had breast cancer or who have breast pain or symptoms.

Breast cancer risk factors among women aged 75+

- The chance of getting breast cancer goes up with age. Women aged 75 and older have a higher chance of getting breast cancer than younger women. But breast cancers often grow slower in older women.
- It is not known if a family history of breast cancer increases your chances of getting breast cancer after age 75.

Why do women get mammograms?

- Women get mammograms to find breast cancer early before it causes problems.
- Mammograms do not keep you from getting breast cancer.
- Mammograms do not find every breast cancer.
- Experts think that a small breast cancer found on an older woman's mammogram would not have caused problems for at least 5 or 10 years. Some of the cancers may never have caused problems.

Am I in good enough health to get a mammogram?

On average a 75 year old woman will live to age 88 (13 more years)

On average an 80 year old woman will live to age 90 (10 more years)

On average an 85 year old woman will live to age 92 (7 more years)

On average a 90 year old woman will live to age 95 (5 more years)

The graph below shows on average how many more years women live at different ages.



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Your health also influences whether you can benefit from getting a mammogram. Answer the questions below to learn more about your health.

Answer the 10 questions below and **add up** your points from both pages to learn more about your health.

 How old a 	are you?
-------------------------------	----------

Points:

75 – 79	0 points	
80 - 84	2 points	write your points here →
85+	4 points	

2. How much do you weigh?

3. Would you say your health is:

4. Have you ever been told by a doctor or health professional that you had emphysema or chronic bronchitis or COPD?

5. Have you ever been told by a doctor or health professional that you had a cancer? (do not include skin cancer unless it was melanoma)

6. Have you ever been told by a doctor or health professional that you had <u>diabetes</u>? (including borderline or pre-diabetes)

Total from this page _____

Learning About Your Health (continued)

7.	Because of a physical, mental or emotional problem, do you need help from other people with routine needs? These include everyday household chores, shopping or getting around for other purposes?							
	No (0 points) Yes (2 points) write your points here							
8.	 By yourself and without using any special equipment, how difficult is it for you to walk a quarter of a mile (about 3 city blocks)? Not at all difficult (0 points) A little difficult to very difficult (3 points) 							
	Can't do at all/do not do/can only do with a cane or walker (3 points)							
9.	Which best describes your cigarette use? Never smoked or smoked less than 100 cigarettes in your life (0 points) Former smoker (1 point) Current smoker (3 points) → →							
10	During the past 12 months, how many times were you hospitalized overnight? None (0 points) Once (1 point) Twice or more (3 points) write your points here							
	Now add up all of your points from questions 1-10 from BOTH pages:							
	Circle your score below to learn what it means:							

A mammogram may help you live longer

to help you live longer

A mammogram is unlikely A mammogram is very unlikely to help you live longer

10 11 or more

What happens to 1,000 women age 75 or older who CONTINUE or DO NOT get mammograms over 5 years -Each circle represents 1 woman out of 1,000-

Women like you who CONTINUE to get mammograms

1000 women-........ ***************** ***************** ------********* ***************** •••••• 750-......... ***************** ****************** •••••• 500-......... ***************** ••••••••• ------***************** ****************** 250-****************** •••••••

100 False Alarms – These women have an abnormal mammogram but additional tests do not show breast cancer. Some women find this experience causes anxiety.

Additional tests include:

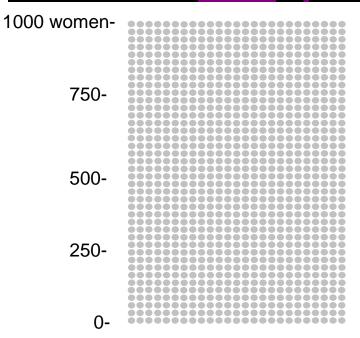
Additional Mammograms Breast Ultrasounds Breast Biopsies







Women like you who DO NOT get mammograms

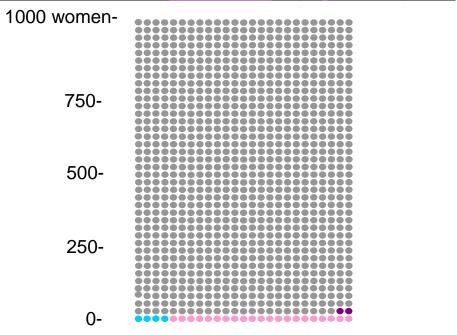


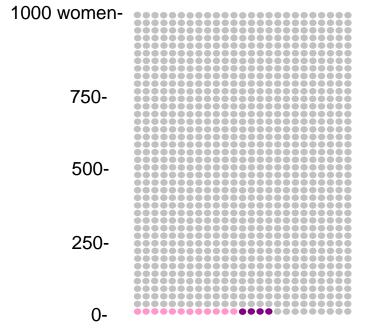
0 False Alarms

What happens to 1,000 women age 75 or older who CONTINUE or DO NOT get mammograms over 5 years

Women like you who CONTINUE to get mammograms





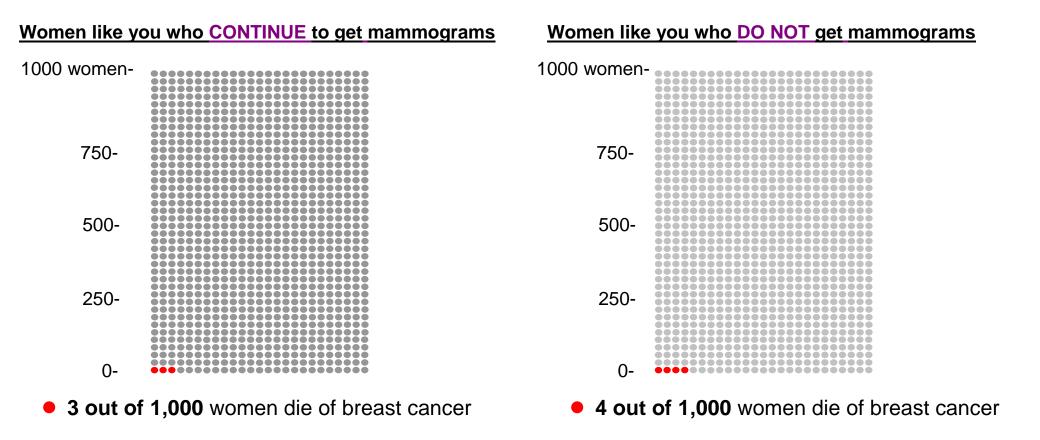


- 4 are diagnosed with a pre-cancer
- 20 are diagnosed with early stage breast cancer: cancer confined to the breast
- 2 are diagnosed with late stage breast cancer: cancer that spread outside the breast
- 974 are not diagnosed with breast cancer

- **0** are diagnosed with pre-cancer
- 12 are diagnosed with early stage breast cancer: cancer confined to the breast
- 4 are diagnosed with late stage breast cancer: cancer that spread outside the breast
- 984 are not diagnosed with breast cancer
- <u>Summary:</u> Women who get mammograms are more likely to be diagnosed with pre-cancers and early stage breast cancers. Some of these cancers would not have caused problems in their lifetimes.
- -Two more women out of 1,000 who do not get a mammogram are diagnosed with late stage breast cancer.

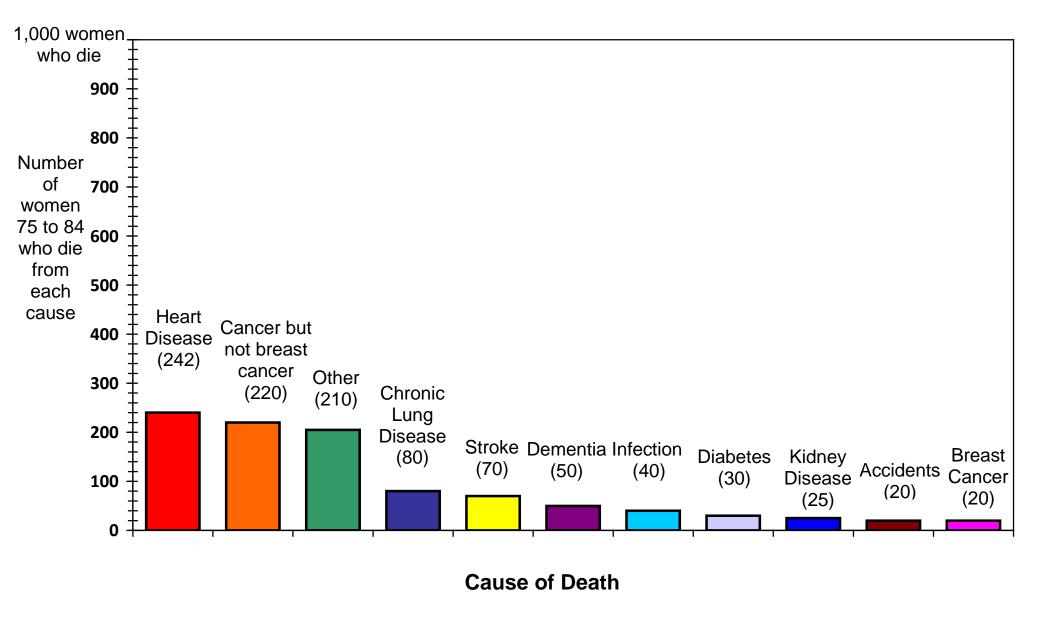
Below is approximately the number of women age 75 or older out of 1,000 that will die of breast cancer in the next 5 years

 Doctors are unsure that getting a mammogram will lower your chances of dying from breast cancer, some studies suggest the numbers below:



 Summary: Out of 1000 women 1 less woman may die of breast cancer who chooses to get a mammogram

Below are the causes of death among 1,000 women age 75 and older who die in the next 5 years



• Many more women age 75 and older die of heart disease than breast cancer.

Below are treatments offered to women with breast cancer. It is important to think about whether you would be willing to be treated before getting a mammogram.



SURGERY:

- Breast-Conserving Surgery (lumpectomy): Only the lump of breast cancer is removed from the breast. Most older women do well after this surgery.
- **Mastectomy:** Surgical removal of the breast. Some older women experience pain, infection, swelling in their arm, and even death after mastectomy.



<u>PILLS</u>: Hormonal therapy pills are generally taken for 5 years to prevent breast cancer from coming back. These pills may cause hot flashes, bone pain, osteoporosis, or fatigue in some women.



RADIATION THERAPY: The use of high-energy radiation to get rid of cancer cells. Radiation usually requires transportation to a medical center 5 days a week for several weeks. Radiation may cause fatigue and breast pain.



<u>CHEMOTHERAPY</u>: An intravenous (IV) medication that is given weekly to get rid of cancer cells. These drugs can have side effects like vomiting, fatigue, diarrhea, or infections. Few women age 75 or older are treated with chemotherapy.

Below are some of the pros and cons of getting a mammogram. Check $\sqrt{\ }$ the points that are important to you when deciding whether or not to get a mammogram. Add more check marks $\sqrt{\ }$ if a point is more important to you than other points.

Pros to getting a mammogram	Cons to getting a mammogram
1. A mammogram is more likely to find breast cancer when it is small, improving my chances of only needing a minor surgery.	1. A mammogram may find a breast cancer that would never have caused problems or symptoms in my lifetime.
2. Getting a mammogram may lower my chances of dying from breast cancer, but this is not certain.	2. Getting a mammogram may increase the number of tests (additional mammograms, ultrasounds, and breast biopsies) or treatments (surgeries, radiation, chemotherapy, pills) that I get. Some of these tests or treatments can harm older women.
3. Getting a mammogram may help me feel good about myself and my health.	3. Getting a mammogram may be uncomfortable or make me feel anxious.
Other Pros that Matter to You	Other Cons that Matter to You

In the next year are you going to get a mammogram?

Please place a check mark in one of the boxes below:

If you are sure you want a mammogram, check the box far to the LEFT.

If you are sure you do **NOT** want a mammogram, check the box far to the **RIGHT**.

If you are unsure, check a box somewhere in between.

In the next year:

							ĺ
							<u> </u>

I Will
Get a Mammogram

I am Undecided

I Will NOT
Get a Mammogram

Now, you may want to talk about what you have learned from this tool with your doctor.

^{*}The numbers presented in this booklet are the best available from the medical literature. Last updated: 9/2013.

eTable1. Decision Aid References and Content Justification:

Issue	Justification	Written in the Decision Aid
Breast Cancer	-Performed a systematic review of PubMed of breast cancer risk factors for	-The chances of getting breast cancer go up
Risk Factors	older women (MeSH terms: "breast cancer" and "risk factors" and "women"	with age. Women aged 75 and older have a
Among	and "65+")	higher chance of getting breast cancer than
Women Aged	-Found only few studies that focused on breast cancer risk factors for older	younger women.
75 and Older	women and most were case-control studies. 1-20 -Results conflicted as to the influence of family history and reproductive factors	-It is not known if a family history of breast cancer increases your chances of getting
	(e.g., parity, age of menarche) on older women's breast cancer risk. 4,11,13,15-17 The Gail model, the most widely available breast cancer risk model was developed in a cohort of women that included only 11 cases of breast cancer among women ≥75 years compared to 1,341 cases among younger women. Concluded that increasing age is associated with increased risk of breast cancer; however the influence of other traditional breast cancer risk factors (e.g. family history) on breast cancer risk among women ≥75 years is uncertain. -We note the uncertainty surrounding the influence of family history on breast cancer risk among women ≥75 years rather than other risk factors since family	breast cancer after age 75.
	history strongly influences older women's screening preferences. 22,23	
Health/Life expectancy	-Experts recommend that patient life expectancy be factored into mammography screening decisions. 24-28 -Estimates for lag-time to benefit for mammography screening for older women range from 5 to 10 years. 25-27,29 -We present the average life expectancy for women aged 75, 80, 85, and 90 from US life tables. 30 -To help women factor their individualized health in their mammography screening decision, we ask women 10 questions from a previously developed and validated mortality index that estimates up to 9 year mortality for older adults 31,32 (available at www.eprognosis.org). The original index has 11 questions but one of the questions asks about gender. Since all users of our decision aid are female we did not include this question. Although, each score on the index is associated with a 5 and 9 year mortality risk, we chose not to present individualized mortality risk since we did not want our DA to cause anxiety. Instead, we inform users how their health score affects whether or not getting a mammogram may help them live longer. Our point score is also adjusted for the fact that all users of the DA are 75 years or older- the mortality index was developed for women aged 65 and older.	-Experts think that a small breast cancer found on an older woman's mammogram would not have caused problems for at least 5 or 10 years. Some of the cancers may never have caused problemsOn average a 75 year old woman will live to age 88 (13 more years). On average an 80 year old woman will live to age 90 (10 more years). On average an 85 year old woman will live to age 92 (7 more years). On average a 90 year old woman will live to age 95 (5 more years)Your health influences whether you can benefit from getting a mammogram. Answer the questions below to learn more about your health

Issue	Justification	Written in the Decision Aid
False positive mammograms	-Based on literature review, we present that 100 out of 1,000 older women screened experience a false positive mammogram over 5 years. 33-38 -We chose not to present confidence intervals around our point estimate of 10% since doing so can increase confusion. 39,40 -We inform women what additional tests (e.g., ultrasound, breast biopsy) may occur after a false alarm and that many women find this experience causes anxiety. 41-45	What happens to 1,000 women age 75 or older who continue to get mammograms over 5 years: 100 false alarms-These women have an abnormal mammogram but additional tests do not show breast cancer. Some women find this experience causes anxiety. Additional tests include: additional mammograms, breast ultrasounds, and breast biopsies
Number of breast cancer cases diagnosed if screened or not screened with mammography after age 75	-We initially presented that among 1,000 women ≥75 years screened, 4 will be diagnosed with pre-cancer, 19 will be diagnosed with early stage breast cancer, and 2 will be diagnosed with late stage breast cancer (25 total). -We also presented that among 1,000 women ≥75 years who choose not to be screened, 0 will be diagnosed with pre-cancer, 10 will be diagnosed with early stage breast cancer and 3 will be diagnosed with late stage breast cancer (13 total). These numbers were based on information from several data sources: • Barrat et al. in a Markov model found that 41 women age 70 who are screened over 10 years will be diagnosed with invasive breast cancer compared to 26 women not screened. ³³ Our numbers are ~half of these figures since our time frame is only 5 years. • SEER data suggest that the risk of breast cancer in the next 5 years for the average US woman ≥75 years is 2% (20 out of 1,000-these numbers do not distinguish between those who are screened with mammography and those who are not screened). 1.46 • In SEER-Medicare analyses, 25% of breast cancers found among older women who are not screened are stage III-IV compared to 5-10% of older women who are screened. 47-49 • Ductal Carcinoma in situ (DCIS) accounts for 16% of screen-detected tumors and nearly 0 for women not screened. 50.51 Since our original literature review there is increasing debate about the best methodology for estimating overdiagnosis. 52-55 Studies with reasonable assumptions for breast cancer incidence in the absence of screening and that adjust for lead-time in detection of breast cancer by mammography suggest that the over-diagnosed proportion of breast cancers (invasive and non-invasive) among women undergoing screening is between 20 to 35%. 55-59 However, overdiagnosis is thought to increase with age since older women tend to have less aggressive tumors with more favorable biologic	-[In addition to presenting numbers diagnosed with breast cancer, we summarize:] More women who get mammograms will be diagnosed with pre-cancers and early sage breast cancer in their lifetimes. Some of these cancers would never have caused problems. -Two more woman out of 1,000 who do not get a mammogram are diagnosed with late stage breast cancer.

Issue	Justification	Written in the Decision Aid
	characteristics (e.g., greater percent of estrogen [ER] positive tumors). Therefore, after conducting the pretest/posttest trial we revised the numbers of women screened vs. not screened diagnosed with breast cancer presented in pictographs. We now present:	
	 Among 1,000 women ≥75 years screened, 4 will be diagnosed with DCIS, 20 will be diagnosed with early stage breast cancer, and 2 will be diagnosed with late stage breast cancer (26 total) We present that among 1,000 women 75-84 years who choose not to be screened, 12 will be diagnosed with early stage breast cancer and 4 will be diagnosed with late stage breast cancer (16 total). Our numbers show that the incidence of invasive breast cancer over 5 years is 2.2% if screened and 1.6% if not screened. Our numbers show that 9% (2/22) of invasive breast cancers detected among women who are screened are early stage compared to 25% (4/16) of women not screened. We show that DCIS accounts for 15% (4/26) of screen-detected tumors and 0% of cases among women not screened. While our numbers show that 10 more breast cancers will be detected among women screened, some of these cases represent early diagnosis (~2) and some overdiagnosis (~8); therefore, our pictographs show an overdiagnosis rate of 31% (8/26 including DCIS) which is consistent with estimates of overdiagnosis from studies with reasonable clinical assumptions. 	
	Due to the large variation in reported rates of overdiagnosis, we do not present a frequency for overdiagnosis in the text. ⁵³ We simply state that more women who get mammograms will be diagnosed with pre-cancers and early stage breast cancer in their lifetimes and that some of these cancers represent cases of overdiagnosis and some are breast cancers detected early.	
Breast Cancer Mortality	 -None of the randomized controlled trials evaluating mammography screening included women ≥75 years, therefore a mortality benefit of mammography screening for women ≥75 years is uncertain. We inform users of the uncertainty of a mortality benefit. - Based on observational data (detailed below) we present that 4 out of 1,000 women ≥75 years that are screened die of breast cancer compared to 3 out of 1,000 women that are not screened over 5 years. • Using a Markov process model, Barrat et al. found that 6 women out of 1,000 aged 70 who are screened for breast cancer regularly will die 	-Doctors are unsure that getting a mammogram will lower your chances of dying from breast cancer but some studies suggest the numbers below. - [In addition to the numbers, we summarize:] Out of 1000 women, 1 less woman may die of breast cancer who chooses to get a mammogram.

Issue	Justification	Written in the Decision Aid
	of breast cancer within 10 years compared to 8 women aged 70 not screened for an absolute reduction of 2 breast cancer deaths over 10 years. ³³	
	 Others estimate that for 1,000 women aged 70 screened for 10 years, 45 will develop breast cancer and 9 will die of breast cancer. 33,64 A cohort study of women >80 years that followed women for a median 	
	of 5 years found that among ~1,000 women screened 1 woman died of breast cancer compared to 2 out of ~1,000 women not screened. ³⁷	
	 The randomized control trials of mammography screening found that after 5 years follow-up among women 65-74, 2 of 1,000 women died of breast cancer. The survival curves begin to separate at around 5 years, and breast cancer mortality was higher among women who were not screened.⁶³ 	
	 Some studies estimate the absolute risk reduction in breast cancer mortality for an 80 year old women to be 1 in 500 over 5 years. 	
	Others estimate the mortality reduction to be 1 in 1,000 over 10 years. ²⁶	
	 Several observational studies found a mortality benefit for screening women ≥75 years in good health with mammography. 47,48,62,67 	
	 Studies that do show a mortality benefit for mammography screening among women of all ages generally show around a 15% to 25% reduction in breast cancer mortality.^{36,68-71} 	
Competing mortality risks	-We present that out of 1,000 women ≥75 years who die in the next 5 years, 242 die of heart disease, 220 of cancer but not breast cancer, 210 from other	[In addition to a figure showing the number of women likely to die from the various causes,
	causes, 80 from lung disease, 70 from stroke, 50 from dementia, 40 from infection, 30 from diabetes, 20 from kidney disease, 20 from accidents, and 20 from breast cancer. These estimates are from CDC mortality charts and Woloshin et al.'s risks of mortality for older women. 72-75	we summarize:] Many more women age 75 and older dies of heart disease than breast cancer.
Breast cancer treatments	-We briefly describe the most common breast cancer treatments offered to older women based on the national guidelines and reviews. The present common side effects of treatment among older women. We present common worry about being treated with chemotherapy, we note that few older women with breast cancer are treated with chemotherapy.	Surgery: Breast-Conserving Surgery (lumpectomy): only the lump of breast cancer is removed from the breast. Mastectomy: surgical removal of the breast. Some older women experience pain, infection, swelling in their arm, and even death ofter meeting arm.
		their arm, and even death after mastectomy. 78 Most older women do well after lumpectomy. 80 Pills: Hormonal therapy pills are generally taken for 5 years to prevent breast cancer from coming back. These pills may cause hot flashes, bone pain, osteoporosis, or fatigue in

Issue	Justification	Written in the Decision Aid
		some women. ^{76,81-83}
		Radiation therapy: The use of high-energy
		radiation to get rid of cancer cells. Radiation
		usually requires transportation to a medical
		center 5 days a week for several weeks.
		Radiation may cause fatigue and breast
		pain. 84-86
		<u>Chemotherapy:</u> An intravenous (IV)
		medication that is given weekly to get rid of
		cancer cells. These drugs can have side
		effects like vomiting, fatigue, diarrhea, or
		infections. ⁸⁷⁻⁸⁹ Few women age 75 or older are
		treated with chemotherapy.

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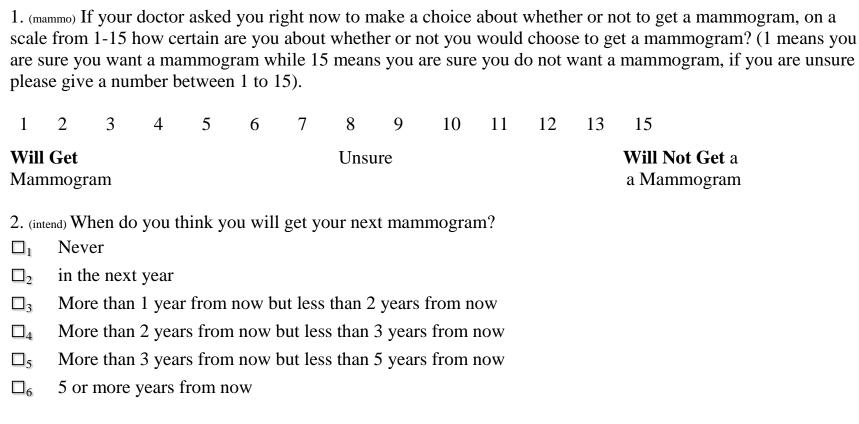
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Before Survey (Patient)

Thank you for agreeing to participate in this study. I will start the survey now.

Section 1:



Section 2: The next few questions are about how you feel about whether or not to get a mammogram. Please say whether you Strongly Agree, Agree, Neither, Disagree, or Strongly Disagree with the statements below.

3. (knoption) I know	w which option	ns are available	e to me for gett	ting tested for l	oreast cancer
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
4. (knoben) I know	the benefits o	of getting a mar	nmogram		
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
5. (knodown) I kno	w the downsid	les or risks of g	etting a mamn	nogram	
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree	_		_	Disagree	
6. (clerben) I am cl	ear about which	ch benefits of g	getting a mamr	nogram matter	most to me
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
7. (clerdown) I am	clear about wh	nich downsides	of getting a m	ammogram ma	atter most to me
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree			-	Disagree	
8. (clerimpt) I am crisks.	lear about who	ether the benef	its of getting a	mammogram	are more important to me than the downsides or
\square_{0}	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
9. (supp) I have en	nough support	from others to	make a choice	about whether	r or not to get a mammogram
\square_{0}	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	

10. (woutpres) I am c	hoosing with	out pressure fr	om others abo	ut whether or not to get a mammogram
\square_0	\square_1	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree	C		<u> </u>	Disagree
11. (advice) I have e	nough advice	e to make a cho	oice about getti	ing a mammogram or not
\square_0		\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree				Disagree
12. (clerbes) I am cle	ear about wha	at is the best ch	oice for me	
\square_0	\square_1	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree				Disagree
12 J fool aum	a abaut what	to albanca		
13. (sure) I feel sur				_
\square_0	\square_1	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree				Disagree
14. (easy)This deci	sion is easy f	or me to make		
		\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree	rigice	rectifier	Disagree	Disagree
•				_
15. (inform) I feel I	have made aı	n informed cho	ice about whet	her or not to get a mamogram
\square_0	\square_1	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree				Disagree

16. (decimp)My o	decision sho	ows what is impor	rtant to me		
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly Agree	Agree	e Neither	Disagree	Strongly Disagree	
17. (stikdec) I exp	ect to stick	with my decision	n whether or no	ot to get a man	nmogram
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly Agree	Agree	e Neither	Disagree	Strongly Disagree	
18. (satis)I am sa	atisfied with	n my decision			
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	e Neither	Disagree	Strongly	
Agree				Disagree	
19. (anxmam)I am	n anxious al	oout getting a ma	mmogram.		
\square_5	\square_4	\square_3	\square_2	\square_1	
Strongly	Agree	e Neither	Disagree	Strongly	
Agree	ressured to	get a mammogra	m	Disagree	
- 1	ressured to				
\square_5 Strongly	⊔₄ Agree	\square_3 Neither	\Box_2 Disagree	\Box_1 Strongly	
Agree	Agicc	Nettilei	Disagree	Disagree	
Section 3:	The next	t few questio	ns are abou	it how bre	ast cancer affects women aged
75 and old	er.				
21. (knowled)In g	general, wo	uld you say that y	our knowledge	e about breast	cancer among women aged 75 and older is:
	3 ₅ Excell	ent			
] ₄ Very g	good			
	Good Good				
	₂ Fair				
	l Poor				

The next few questions may be hard. Please answer the questions below to the best of your ability. Even if you are not sure, please guess. 22 And How many women aged 75 and older out of 1.000 will be told they have breast cancer in the next five

		NOT get a mammogram?
_ 1	0-4	out of 1,000 women aged 75 or older
\square_2	5-9	out of 1,000 women aged 75 or older
\square_3	10-19	out of 1,000 women aged 75 or older
\square_4	20-29	out of 1,000 women aged 75 or older
\square_5	30-49	out of 1,000 women aged 75 or older
\square_6	50-100	out of 1,000 women aged 75 or older
7		(open ended, write down number)
		ny women aged 75 and older out of 1,000 will be told they have breast cancer in the next five get a mammogram?
\square_1	0-4	out of 1,000 women aged 75 or older
\square_2	5-9	out of 1,000 women aged 75 or older
\square_3	10-19	out of 1,000 women aged 75 or older
\square_4	20-29	out of 1,000 women aged 75 or older
\square_5	30-49	out of 1,000 women aged 75 or older
\square_6	50-100	out of 1,000 women aged 75 or older
7		(open ended, write down number)
		nany women aged 75 and older out of 1,000 will die from breast cancer in the next five years if a mammogram?
\square_1	0-4	out of 1,000 women aged 75 or older
\square_2	5-9	out of 1,000 women aged 75 or older
\square_3	10-19	out of 1,000 women aged 75 or older
\square_4	20-29	out of 1,000 women aged 75 or older

30-49 out of 1,000 women aged 75 or older 50-100 out of 1,000 women aged 75 or older \square_6 (open ended, write down number) 7 25. (diedo) How many women aged 75 and older out of 1,000 will die of breast cancer in the next five years if they DO get a mammogram? 0-4out of 1,000 women aged 75 or older \square_1 5-9 out of 1,000 women aged 75 or older \square_2 10-19 out of 1,000 women aged 75 or older \square_3 20-29 out of 1,000 women aged 75 or older \square_4 30-49 out of 1,000 women aged 75 or older 50-100 out of 1,000 women aged 75 or older \Box_6 (open ended, write down number?) 26. (abnobrc) How many women aged 75 or older out of 1,000 will have a "false alarm" in the next 5 years (their mammogram is abnormal but additional tests do not show breast cancer)? 0-4out of 1,000 women aged 75 or older \square_1 5-9 out of 1,000 women aged 75 or older \square_2 10-19 out of 1,000 women aged 75 or older \square_3

(open ended, write down number?)

out of 1,000 women aged 75 or older

out of 1,000 women aged 75 or older

out of 1,000 women aged 75 or older

KNOWLEDGE QUESTIONS

20-29

30-49

50-100

 \square_4

 \Box_6

7

27. (diagbrc) Who	is more li	kely to be diagnos	sed with breast cancer?
\square_1	Women	who get n	nammograms	
\square_2	Women	who do N	OT get mammogr	ams
\square_3	There is	almost no	difference	
28.	(diebrc) Who	is more li	kely to die from b	reast cancer?
	\square_1 W	omen who	o get mammogran	ns
	\square_2 W	omen who	o do NOT get man	nmograms
	\square_3 T	here is alm	nost no difference	
			are True or False guess is fine).	Questions. Please state whether each of the following statements is
		benefit of harmed a		gram is finding and treating a breast cancer at an early stage that would
		l ₁ True	\square_2	False
30.	(prevbc) Gett	ing a mam	mogram will prev	ent an older woman from getting breast cancer.
		l ₁ True	\square_2	False
31. (abhavbrc) Mo	st women	who have an abno	ormal mammogram have breast cancer.
		l ₁ True	\square_2	False
32. (gretrisk) Wor	nen aged 7	75 or older have a	higher chance of getting breast cancer than younger women.
		l ₁ True	\square_2	False
33. (heart) More	women ag	ged 75 or older die	of heart disease than breast cancer.
		l ₁ True	\square_2	False

34. (otherprob) You	r other health p	problems affe	ct wheth	er or not you sho	ould get a mar	nmogram.
\square_1	True	\square_2	False			
35. (noshow) Some woman's lifetim		found by a r	nammog	ram would neve	r have shown	up or caused problems in a
\square_1	True	\square_2	False			
36. (chemo) Most v	women aged 75	or older wit	h breast	cancer are treate	d with chemo	therapy.
\Box_1	True	\square_2	False			
Section 4: T	he next qu	estions as	k abou	ıt your abili	ty with nu	mbers -
37. (frac) How goo	od are you at w	orking with	fractions	?		
\square_1	\square_2	\square_3	\square_4	\square_5	\square_6	
Not at all	A little bit	Somewhat	Good	Very	Extremely	
Good	Good	Good		Good	Good	
38. (percent) How g	good are you at	working wit	h percen	tages?		
\square_1	\square_2	\square_3	\square_4	\square_5	\Box_6	
Not at all	A little bit	Somewhat	Good	Very	Extremely	
Good	Good	Good		Good	Good	
39. (calc15)How go	ood are you at	calculating a	15% tip	?		
\square_1	\square_2	\square_3	\square_4	\square_5	\square_6	
Not at all	A little bit	Somewhat	Good	Very	Extremely	
Good	Good	Good		Good	Good	
40. (calc25) How g	ood are you at	figuring out	how muc	ch a shirt will co	st if it is 25%	off?
\square_1	\square_2	\square_3	\square_4	\square_5	\square_6	
Not at all	A little bit	Somewhat	Good	Very	Extremely	
Good	Good	Good		Good	Good	

41. (newsnum) W	Then reading the r	newspaper, ho	w helpful do	you find ta	bles and	graphs that are	e part of a story?
\square_1	\square_2	\square_3	\square_4	\square_5	\Box_6		
Not at all helpful	A little bit helpful	Somewhat helpful	Quite helpful	Very helpful	Extre helpfu	•	
	nen people tell you numbers ("there'		_	happening,	do you j	prefer that they	use words ("it rarely
\square_1	\square_2	\square_3	\square_4		5	\square_6	
Always prefer words	· · · · · · · · · · · · · · · · · · ·		Sometin prefer nu	mes Most of time p		Always prefer numbers ers	
	When you hear a v n today") or predi			-		· · · · ·	("there will be a 20% ay")?
\square_1	\square_2	\square_3	\square_4	\square_5		\Box_6	
Always prefer percentages		Sometimes er percentages	Sometimes prefer words	-		Always prefer words	
44. (numuse) Ho	ow often do you fi	nd numerical	information	to be useful	?		
\square_1	\square_2	\square_3	\square_4	\square_5	\Box_6		
Never	A little	Somewhat Often	Quite Often	Very Often	Extro	emely en	
Please let me	e next question as read all 5 choice r to make the fina	s and then sel	ect which on	e best descri	ibes you	r preferred role	nmography screening.
\Box_2 I prefedoctor's opin		l decision abo	out whether o	or not to get	a mamn	nogram after se	eriously considering my
\square_3 I prefe me.	r that my doctor a	and I share res	sponsibility f	or deciding	whether	or not to get a	mammogram is best for
	r that my doctor r siders my opinion		decision abo	out whether	or not I	should get a m	ammogram, but

\square_5	I would prefer to leave all decisions regarding mammography to my doctor.						
\square_{98}	Refused						
\square_{99}	Don't know						
46. (ris	sk) Do y ared to	you think you are at above average, average, or below average chances of getting breast cancer other women your age?					
	\square_0	Above average					
	\square_1	Average					
	\square_2	Below average					
	\square_{98}	Refuse					
	\square_{99}	Don't know					
For th	nese ne	xt questions, please let me know how you feel right now about getting a mammogram.					
47. (p	oleasant) F	For you, getting a mammogram is:					
	\square_0	Pleasant					
	\square_1	Somewhat Pleasant					
	\square_2	Neither					
	\square_3	Somewhat Unpleasant					
	\square_4	Unpleasant					
48. (ii	mpt) Foi	you getting a mammogram is:					
	\square_0	Extremely important to you					
	\square_1	Very important to you					
	\square_2	Somewhat important to you					
	\square_3	A little important to you					
	\square_4	Not at all important to you					

49. (badthing)	For you getting a mammogram is:
\square_0	A good thing
\square_1	A somewhat good thing
\square_2	An OK thing
\square_3	A somewhat bad thing
\square_4	A bad thing
50. (harmben)	For you getting a mammogram is:
\square_0	Beneficial
\square_1	Somewhat beneficial
\square_2	Neither harmful or beneficial
\square_3	Somewhat harmful
\square_4	Harmful
Now, I a	m going to ask you some background information
51. (hxdcis) D_0	you have a history of Ductal Carcinoma in Situ or DCIS? No
	Yes
52. (hxlcis) Do	you have a history of Lobular Carcinoma in Situ or LCIS?
\square_0	No
□ ₁ 53. (agefp) Ho	Yes wold were you at the time of your first period?
54. (birth) Hav	ve you given birth to a child?
\square_0	No (skip to 56)
\square_1	Yes wold were you at the time of your first birth?

56. (fa	mhxbc) [Oo you have a family history of breast cancer?			
	\square_0	No (skip to 60)			
57. (m	\Box_1 ombc) D	Yes id your mother have breast cancer?			
	\square_0	No			
	\square_1	Yes			
58. (sis	sbc) Die	d your sister have breast cancer: (if so, how many sisters had breast cancer?)			
	0 1	2 3 4			
59. (da	ubc) Die	d your daughter have breast cancer: (if so, how many daughters had breast cancer?)			
60. (br	0 1 _{bx)} Hav	2 3 4			
	\square_0	No (Skip to 59)			
61. (re	\Box_1	Yes id your breast biopsy show atypical cells?			
	\square_0	No, it was completely normal			
	\square_1	Yes, it showed atypical cells			
	\square_2	Yes, it showed ductal carcinoma in situ			
	\square_3	Yes, it showed lobular carcinoma in situ			
	\square_4	Yes, it showed			
	\square_{99}	Don't know			
62. (ed	u) Wha	at is the highest level of school you have completed or the highest degree you have received?			
	High	school or less, no diploma ⁰ sk if patient would have any trouble reading through the pamphlet.			
	High school graduate ¹				
	GED	or equivalent ²			
	Some college or an Associate's degree ³				
	Bachelor's degree (i.e., BA, AB, BS, BBA) ⁴				

	Master's degree (i.e., MA, MS, MEngineering, MEducation, MBA) ⁵
	Professional School degree (MD, DDS, DVM, JD) ⁶
	Nursing degree
	Doctoral degree (PhD, EdD, ScD) ⁷
	Don't know ⁹⁹
	income) Of these income groups can you tell me which best represents your total combined household income
	ng the last year?
	<\$20,000 °
	\$20,000-\$35,000 ¹
	\$36,000-\$65,000 ²
	\$66,000-\$100,000 ³
	>\$100,000 4
	Don't know ⁹⁹
64. (maritalst) How would you define your marital status?
	Single (never married) ⁰
	Currently married or living as married ¹
	Divorced ²
	Separated ³
	Widowed ⁴
	Don't know ⁹⁹
65.	live) Do you live alone or with others?
	I live alone ⁰
	I live with others ¹
66.	(hispan) Do you consider yourself to be Hispanic or Latino?
	No, I am not Hispanic or Latino ⁰

	Yes, I am Hispanic or Latino ¹
	Don't know ⁹⁹
67. (ra	ce) Which of the following racial groups do you most identify with?
	White or Caucasian ⁰
	Black or African American ¹
	Asian ²
	American Indian or Alaska Native ³
	Native Hawaiian or other Pacific Islander ⁴
	Other ⁵
	Don't know ⁹⁹
Than	k you for completing this survey! You will receive \$25 for participating in this study.
(To b	ne done before starting the interview)

(10 be done before starting the interview)

Orientation-Memory-Concentration Test Short Blessed Test (SDT)

68. (mem) I am going to do a quick memory test.

Question	Maximum Error	Score X	Weight
What year is it now?	1	x 4	=
What month is it now?	1	x 3	=
Repeat this phrase and I will ask you to remember it and tell it to me later:			
John Brown, 42 Market Street, Chicago			
About what time is it? (within one hour)	1	x 3	=
Count backwards 20 to 1	2	x 2	=
Say the months in reverse order	2	x 2	=
Repeat the phrase just given	5	x 2	=
		Tota	l error score =/28

THIS NEXT PART is to be completed the day of the interview

I want to hear you read as many words as you can from this list. Begin with the first word and read aloud. When you come to a word you cannot read, do the best you can or say, 'blank' and go onto the next word.

Menopause	
Antibiotics	
Exercise	
Jaundice	
Rectal	
Anemia	
Behavior	

69. (realm) REALM-SF Form _____

Health Quiz: (Fill in patient's responses on DA)

70. (agehs) How old are you?

71. (weight) How much do you weigh? _____

72. (height) How tall are you?_____

73. (h	nealth) W	ould you say your health is:
	\square_0	Excellent/Very Good
	\square_1	Good
	\square_2	Fair/Poor
		ve you ever been told by a doctor or health professional that you had emphysema or chronic r COPD?
	\square_0	No
	\square_2	Yes
		ave you ever been told by a doctor or health professional that you had <u>cancer</u> ? (do not include skin ss it was melanoma)
	\square_0	No
	\square_2	Yes
76. (di	ab) Hav	re you ever been told by a doctor or health professional that you had <u>diabetes</u> ?
	\square_0	No
	\square_2	Yes
needs		of a physical, mental or emotional problem, do you need help from other people with routine se include everyday household chores, doing necessary business, shopping or getting around for ses?
\square_0	No	
	\square_2	Yes

78. (walk) By yourself and without using any special equipment, how difficult is it for you to walk a quarter of a mile (about 3 city blocks)?

\square_0	Not a	t all difficult
\square_3	A litt	le difficult to very difficult/Can't do at all/do not do/can only do with a cane or walker
79. (ci	gar) Wł	nich best describes your cigarette use?
	\square_0	Never smoked or smoked less than 100 cigarettes in your life
	\square_1	Former smoker
	\square_3	Current smoker
80. (ho	osp) Du	ring the past 12 months, how many times were you hospitalized overnight?
	\square_0	None
	\square_1	Once
	\square_3	Twice or more
81. (hs) To	tal points :

After Survey (Patient)

Stud	, ID.												
	Study ID: Thank you for agreeing to participate in this study. Now that you have reviewed the education pamphlet there are a												
	•	v c	reeing it we w					iy. Ivov	v mai y	ou nav	e revi	ewea i	ne eaucation pamphiet there are a
Sec	tion	1:											
you infor	decide matio mmog	ed? (the on, som gram.	is shou ne peop 1 mear	old be yole chans you	your op nge the are su	oinion eir mi re you	and no nd and will g	ot what others et a ma	t you th do not	ink yo . From ram ar	ur doc , 1 to 1 nd 15 r	tor wa	at to get a mammogram what have ants you to do) After reading this w certain are you that you will get you are sure you will not get a
1	2	3	4	5	6	7	8	9	10	11	12	13	15
Will Man	Get nmogr	am					Unsu	ıre					Will Not Get a a Mammogram
2. (int \square_0	end2) W		o you t	hink y	ou wil	l get y	our ne	xt mar	nmogra	ım?			
\square_1	In th	ne next	year										
\square_2	Moı	re than	1 year	from	now b	ut less	than 2	years	from n	ow			
\square_3	Moı	re than	2 year	rs from	now l	out les	s than	3 years	s from	now			
\square_4	Moı	re than	3 year	s from	now b	out les	s than	5 years	s from	now			
\square_5	5 or	more	years f	rom n	ow								
3. (ch	angmamo	o) Did 1	reading	g the e	ducatio	onal to	ol cha	nge ho	w ofter	you p	lan to	go for	mammograms?
	\square_0	No											
	\square_1	Yes	, I now	plan t	to go f	or a m	ammo	gram N	MORE	often			
	\square_2												

4. (docman 15? 1 mea that your d to do pleas	ns you a loctor do	re sure tl es not w	hat yo ant yo	our doct ou to ge	tor wan et a mai	ıts you	ı to ge	t a mai	mmog	gram a	and 15	means	that y	ou are	sure
1	2 3	4	5	6	7	8	9	10	11	12	13	15			
Will Get Mammogra	ım				Unsur	e						Not Get nmogra			
5. (talkdoc) Die	d you tall	k to your	prima	ry care	doctor	about g	getting	g a man	nmogr	am?					
	Section 2: The next few questions are about how you feel about whether or not to get a mammogram. Please say whether you Strongly Agree, Agree, Neither, Disagree, or Strongly Disagree with the statements														
6. (knoption2) I	know wl	nat option	ns are	availabl	le to me	e for ge	etting	tested f	or bre	ast ca	ncer.				
□₀ Strongly Agree	7 1	\Box_1 Agree	N	\square_2 Veither	Dis	□ ₃ sagree		□ ₄ Strongly Disagree							
7. (knoben2) I	know the	benefits	of get	ting a m	nammog	gram.									
$\Box_{\scriptscriptstyle{0}}$ Strongly Agre		\Box_1 Agree	N	\square_2 Neither	Dis	□ ₃ sagree		□ ₄ Strongly Disagree							
8. (knodown2)]	I know th	e downsi	ides or	risks o	f getting	g a ma	mmog	gram.							
$\Box_{\scriptscriptstyle{0}}$ Strongly Agre		□ ₁ Agree	N	\square_2 Neither	Dis	\square_3 sagree		□ ₄ Strongly Disagree							

9. (clerben2) I am cle	ear about whi	ch benefits of g	getting a mam	mogram matter most to me.
\square_0	\square_1	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree	_			Disagree
10. (clerdown2) I am	clear about v	which downside	es or risks of g	etting a mammogram matter
most to me.				
\square_0		\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree				Disagree
				a mammogram are more
important to	me than the	downsides or ri	sks.	
\square_0	\square_1	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree				Disagree
12 a Lhava a	mough summo	rt from others t	o malza a ahai	as whather or not to get a
		it mom omers t	o make a choi	ce whether or not to get a
mammogran				
	□ ₁			Canon alar
Strongly	Agree	Neither	Disagree	Strongly Disagree
Agree				Disagree
13 (wouthwas2) I am	choosing wit	hout pressure f	rom others abo	out whether or not to get a
mammogram		nout pressure i	iom omers abo	out whether or not to get a
	 Dı	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree	Agicc	rectifici	Disagree	Disagree
rigice				Disagree
14. (advice2) I have	enough advic	ce to make a ch	oice about wh	ether or not to get a mammogram.
\square_0	\square_1	\square_2	\square_3	\square_4
Strongly	Agree	Neither	Disagree	Strongly
Agree	-		-	Disagree

15. (clerbes2) I am (clear about the	e best choice fo	r me		
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
16. (anxmama)I am	anxious about	getting a mam	mogram.		
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
17. (presa)I feel pr	essured to get	a mammogran	1.		
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
18. (sure2) I feel su	ire about what	t to choose in te	erms of whether	er or not to go	et a mammogram.
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
19. (easy2) This de	cision is easy	for me to make	<u>.</u>		
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree	8			Disagree	
\mathcal{C}				C	
20. (inform2) I feel	I have made a	n informed cho	oice whether o	r not to get a	mammogram.
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	
21. (decimp2) My d	ecision about	whether or not	to get a mamn	nogram show	s what is important to me
\square_0	\square_1	\square_2	\square_3	\square_4	
Strongly	Agree	Neither	Disagree	Strongly	
Agree				Disagree	

22. (st	ikdec2) I expect	to stick wit	h my decision	whether or not	to get a mammogram					
	\square_0	\square_1	\square_2	\square_3	\square_4					
St	rongly	Agree	Neither	Disagree	Strongly					
	Agree				Disagree					
23. (sa	23. (satis2) I am satisfied with my decision.									
	\square_0	\square_1	\square_2	\square_3	\square_4					
St	rongly	Agree	Neither	Disagree	Strongly					
	Agree				Disagree					
Sect	tion 3:									
		stions are a	bout how brea	ast cancer affo	ects women aged 75 and older. Please answer the					
quest	tions to the b	est of your	ability. If you	are not sure,	please guess.					
	•	eral, would y	you now say th	at your knowle	edge about breast cancer among women aged 75 and					
older	is:									
\square_5	Excellent									
\square_4	Very Good									
\square_3	Good									
\square_2	Fair									
\square_1	Poor									
	avdonot2) How r	•	•	older out of 1,0	000 will be told they have breast cancer in the next five					
\square_1	0-4	out of 1,00	0 women aged	75 or older						
\square_2	5-9	out of 1,00	0 women aged	75 or older						
\square_3	10-19	out of 1,00	0 women aged	75 or older						
\square_4	20-29	out of 1,00	0 women aged	75 or older						
\square_5	30-49	out of 1,00	0 women aged	75 or older						
\square_6	50-100	out of 1,00	0 women aged	75 or older						

		ny women aged 75 and older out of 1,000 will be told they have breast cancer in the next five et a mammogram?
\square_1	0-4	out of 1,000 women aged 75 or older
\square_2	5-9	out of 1,000 women aged 75 or older
\square_3	10-19	out of 1,000 women aged 75 or older
\square_4	20-29	out of 1,000 women aged 75 or older
\square_5	30-49	out of 1,000 women aged 75 or older
\square_6	50-100	out of 1,000 women aged 75 or older
		nany women aged 75 and older out of 1,000 will die from breast cancer in the next five years if a mammogram?
\square_1	0-4	out of 1,000 women aged 75 or older
\square_2	5-9	out of 1,000 women aged 75 or older
\square_3	10-19	out of 1,000 women aged 75 or older
\square_4	20-29	out of 1,000 women aged 75 or older
\square_5	30-49	out of 1,000 women aged 75 or older
\square_6	50-100	out of 1,000 women aged 75 or older
	edo2) How ma	ny women aged 75 and older out of 1,000 will die of breast cancer in the next five years if they gram?
\square_1	0-4	out of 1,000 women aged 75 or older
\square_2	5-9	out of 1,000 women aged 75 or older
\square_3	10-19	out of 1,000 women aged 75 or older
\square_4	20-29	out of 1,000 women aged 75 or older
\square_5	30-49	out of 1,000 women aged 75 or older
\square_6	50-100	out of 1,000 women aged 75 or older

		nany women aged 75 or older out of 1,000 have a "false alarm" in the next 5 years (their onormal but additional tests do not show breast cancer)?					
\square_1	0-4	out of 1,000 women aged 75 or older					
\square_2	5-9	out of 1,000 women aged 75 or older					
\square_3	10-19	out of 1,000 women aged 75 or older					
\square_4	20-29	out of 1,000 women aged 75 or older					
\square_5	30-49	out of 1,000 women aged 75 or older					
\square_6	50-100	out of 1,000 women aged 75 or older					
30. (liagbre2) Who is	QUESTIONS more likely to be diagnosed with breast cancer?					
		o have screening mammograms					
\square_2		o do NOT get screening mammograms					
\square_3		nost no difference					
\square_{99}	Don't knov						
31. (liebrc2) Who is	more likely to die from breast cancer?					
\square_1	Women wh	o have screening mammograms					
\square_2	Women wh	o do NOT get screening mammograms					
\square_3	There is all	nost no difference					
\square_{99}	Don't know						
The next few questions are True or False Questions. Please state whether each of the following statements is true or false (your best guess is fine).							
	32. (benfind2) The benefit of getting a mammogram is finding and treating a breast cancer at an early stage that would have otherwise harmed a woman.						
		True \square_2 False					

33. (prevbc2) Gettin	33. (prevbc2) Getting a mammogram will prevent an older woman from getting breast cancer.						
\square_1	True	\square_2	False				
34. (abhavbrc2) Most	34. (abhavbrc2) Most women who have an abnormal mammogram have breast cancer						
\square_1	True	\square_2	False				
35. (gretrisk2) Wome	en aged 75 or older h	ave a	higher chance of getting breast cancer than younger women.				
\square_1	True	\square_2	False				
36. (heart2) More v	vomen aged 75 or old	der di	e of heart disease than breast cancer.				
\square_1	True	\square_2	False				
37. (otherprob2) You	r other health probler	ns aff	fect whether or not you should get a mammogram.				
\square_1	True	\square_2	False				
38. (noshow2) Some woman's lifetime		l by a	mammogram would never have shown up or caused problems in a				
\square_1	True	\square_2	False				
39. (chemo2) Most	women aged 75 or ol	lder w	with breast cancer are treated with chemotherapy.				
\square_1	True	\square_2	False				
Section 4: I will now ask you how important several factors were in your decision whether or not to get a mammogram on a scale from 0 to 10, where 0 means not at all important to you and 10 means extremely important to you.							
So first, how imp	ortant is it to you:						
40. (moretest) Having to go back after an abnormal mammogram for more tests even though in the end additional tests do not show breast cancer.							
10 9	8 7 6	5	4 3 2 1 0				
Extremely		Neutr					
important to me	2		important to me				

How import 41. (noprob) TI problems in	he cha	nce a r	namn	ogran	n may f	ind a	breast	cance	er that	otherw	ise wou	ıld nev	er hav	e cause	ed any
10 Extrem important	•	8	7	6	5 Neutra	4 al	3	2	1	0 Not at portant					
42. (knobody) H	How in	nporta	nt is i	t to kn	ow eve	rythin	ng goin	ig on	with y	our bo	ły?				
10 Extrem important	•	8	7	6	5 Neutra	4 al	3	2	1	0 Not at portant					
43. (smalbrc) F	inding	a brea	ıst car	ncer w	hen it is	s smal	ll at an	early	stage	when	only a n	ninor s	surger	y is nee	ded.
10 Extrem important	•	8	7	6	5 Neutra	4 al	3	2	1	0 Not at portant					
44. (normmamo	How	impor	tant is	the re	eassurar	nce yo	ou get i	from	a norn	nal man	nmogra	m?			
Extrem important Now, please statements:	to me		7 w if yo	6 ou stro	5 Neutra ongly ag		3 agree, 1	2 neithe		0 Not at portant agree, o	to me	ly disa	agree v	with the	following
45. (schmamo)	It is ea	sy for	me to	sched	lule a m	namm	ogram								
□₅ Strongly Agree		Agre	4		\square_3 either		\square_2 Disagre		Stroi Disa	ngly					

46. (tra	ans) It is easy for	or me to get to	ransportation	to the hospita	for my mammogram.
	\square_5	\square_4	\square_3	\square_2	\square_1
Stı	rongly	Agree	Neither	Disagree	Strongly
A	agree				Disagree
47. (m	amocom) I find g	etting a mam	mogram very	uncomfortable	e.
	\square_5	\square_4	\square_3	\square_2	\square_1
Stı	rongly	Agree	Neither	Disagree	Strongly
A	Agree				Disagree
pr Pl pr	referred role in lease let me re referred role.	n decision-ma ead all 5 choic	aking around ces and then	mammograph select which or	ne best describes your
\square_1	I prefer to ma	ake the final (decision abou	it whether or n	ot to get a mammogram.
\Box_2 docto	I prefer to marks opinion.	ake the final o	decision abou	ıt whether or n	ot to get a mammogram after seriously considering my
\square_3 me.	I prefer that	my doctor and	d I share resp	onsibility for o	leciding whether or not to get a mammogram is best for
\square_4	I prefer that a	•	ake the final o	decision about	whether or not I should get a mammogram, but
\square_5	I would prefe	er to leave all	decisions reg	garding mamm	ography to my doctor.
\square_{99}	Don't know				

Section 5: The next few questions are about the educational pamphlet on mammography screening that you read before your clinic visit.

 $\ \, \textbf{Did the educational pamphlet...} \\$

49. (recdec) Help you r	ecognize that a d	lecision needs t	to be made about w	hether or not to get a mammogram?
\Box_1	\square_2	\square_3	\square_4	\square_{s}
Not at all	A little	Somewhat	Quite a bit	A great deal
50. (prepdec) Prepare ye	ou to make a bet	ter decision abo	out whether or not t	to get a mammogram?
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal
51. (proconmam) Help yo	ou think about th	e pros and cons	s of getting a mam	nogram?
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal
52. (proconimp) Help yo	u think about wh	nich pros and co	ons about getting a	mammogram are most important to you?
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal
53. (decdep) Help you lyou?	know that the dec	cision whether	or not to get a man	nmogram depends on what matters most to
	\square_2	\square_3	\square_4 \square_5	
Not at all	A little	Somewhat	Quite a bit	A great deal
Did the educationa	• •			
54. (orgthot) Help you of	organize your ow	n thoughts abo	out the decision wh	ether or not to get a mammogram?
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal
55. (invdec) Help you t	hink about how i	nvolved you w	ant to be in this de	cision?
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal

56. (idenque)Help yo	ou identify questions	s you want to ask y	our doctor abo	ut mammograms?
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal
57. (prepdoc) Prepare mammogram?	e you to talk to your	doctor about what	t matters most t	to you about whether or not to get a
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal
58. (prepfu) Prepare	you for a follow-up	visit with your do	ctor?	
\square_1	\square_2	\square_3	\square_4	\square_5
Not at all	A little	Somewhat	Quite a bit	A great deal
Section 6:				
	gth of the education	pamphlet was		
\square_5	\square_4	\square_3	\square_2	\square_1
Much too	A little too	Just right	A little too	Much too
long	long	_	short	short
50. (amount) The am	ount of information	was		
\square_5	\square_4	\square_3	\square_2	\square_1
Much less	A little less	Just right	A little more	Much more
than needed	than needed		than needed	than needed
51. (newinfo) How m	nuch of the informat	tion was new?		
\square_4	\square_3	\square_2	\square_1	
None was new	Some was new	Most was nev	v All was ne	ew

62. (clerinfo) How c	lear was the inform	mation?			
\square_4	\square_3	\square_2	\square_1		
Everything was clear	Most things were clear	Some things were clear	Many things were unclear		
63. (info) I found th	ne information				
\square_5	\square_4	\square_3	\square_2	\square_1	
Clearly slanted towards getting a mammogram	A little slanted towards getting a mammogram	Completely balanced gett	A little slanted towards NOT ing a mammogram	Clearly slanted towards NOT getting a mammogram	
64. (anxious) Readin	ng the education p	amphlet made me feel	1:		\square_4
\square_3	\square_2	\square_1			
Not anxious at al	1 A little anxio	ous Very anxious	As anxious as	could be	
65. (trust) How mu	uch did you trust t	he information in the	pamphlet?		
\square_5	\square_4	\square_3 \square_2	\Box_1		
Completely	Mostly So	mewhat A little	bit Not at	all	
66. (helpful)How he mammography?	elpful was the edu	cational pamphlet in r	making a decision	n about	
\square_4	\square_3	\square_2		l ₁	
Very helpful	Somewhat help	oful A little hel	pful Not he	elpful	
Comments:					

$67.$ (understood) ${ m Ple}$	ise check the most ac	curate statement b	elow:				
I understood none of the information							
l ₂ I understood a little of the information							
\square_3 I understo	od most of the inform	nation					
□ ₄ I fully und	derstood all of the inf	Formation					
Comments:							
68. (like) What dic	l you like about the e	ducational pamph	let?				
69. (suggest) What	suggestions do you h	ave to improve the	e educational pamphlet?				
70. (rec) Would yo	ou recommend the us	se of this education	nal pamphlet?				
\square_4	\square_3	\square_2	\square_1				
Definitely Recommend	Probably Recommend	Probably not Recommend	Definitely not Recommend				
71. (papcomp) Woul	ld you prefer this edu	ıcational pamphlet	be on a computer or on paper?				
\square_1	\square_2	\square_3					
Computer	Paper	No	Preference				
Comments:							

Thank you so much for your help. You will receive \$25 for participation in this study.