

**Module 1 : Patient information**

1.1 N° medical record: \_\_\_\_\_ /

1.2. N° du dossier: \_\_\_\_\_ /

1.3. Name: \_\_\_\_\_ /

1.4 Do you have a health insurance? \_\_\_\_\_ /

1= Yes 2= No 3= Other \_\_\_\_\_ /

1.5 Who pays for your diagnosis and treatment? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

1= You 2= Your husband/family 3= Other \_\_\_\_\_ /

1.6 Before your illness, did you perform breast-self-examination? \_\_\_\_\_ /

1= Yes 2= No 3= Other \_\_\_\_\_ /

**Module 2: First breast changes and first health care visit**

2.1 Which was/were the first change(s) of your breast? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

1= Breast lump 2= Pain 3= Other \_\_\_\_\_ /

2.2 When did you recognise the first change(s) of your breast

\*Date the most precise (Calendar) : \_\_\_\_\_ (dd/mm/yyyy)

2.3. Estimation of the date: \_\_\_\_\_ /

1=Date approximate 2=Date precise

2.4 What was your first interpretation of the symptoms? \_\_\_\_\_ /

1= Nothing serious 2= Infection 3= Cancer 4= Other \_\_\_\_\_ /

2.5 What hindered you from seeking health care immediately? \_\_\_\_\_

1= Nothing 2=No knowledge about the symptoms 3= Lack of money

4= Other \_\_\_\_\_ /

2.6 Did you visit a traditional healer before seeking health care? \_\_\_\_\_ /

1= Yes 2= No

**Module 3 : First health care visit**

3.1 When did you visit a health care provider the first time ?

\*Date the most precise (Calendar) : \_\_\_\_\_ (dd/mm/yyyy)

3.2 Estimation of the date: \_\_\_\_\_ /

1=Date approximate 2=Date precise 3=Date verified by \_\_\_\_\_

3.3 What was the reason that made you visit the health care provider? \_\_\_\_\_ /

1= Knowledge of breast cancer symptoms 2= Persistence/aggravation of the symptom

3= Recommendation of another person 4=Other \_\_\_\_\_ /

3.4 Type of medical doctor you visited? \_\_\_\_\_ /  
 1= Generalist 2= Gynaecologist 3= Oncologist 4= Surgeon 5= Radiologist  
 6=Other \_\_\_\_\_ /

3.5 The doctor was working in which structure of the health care system? \_\_\_\_\_ /  
 1= Community Health Care Centre 2= Referral Hospital 3= Hospital 4= Private Clinic  
 5=Other \_\_\_\_\_ /

3.6 What did the medical doctor tell you regarding your breast related symptoms? \_\_\_\_\_ / \_\_\_\_\_ /  
 1=Nothing serious 2=Infection 3= Something serious 4=May be a cancer  
 5=Nothing 6= Other \_\_\_\_\_ /

3.7 What did the medical doctor recommend? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
 1= Mammography 2= Ultrasound 3=Biopsy 4=Fine needle aspiration  
 5= Surgery 6= Medical Treatment 7=Nothing 8= Other \_\_\_\_\_ /

3.8 Did the medical doctor refer you? \_\_\_\_\_ /  
 1=Yes 2=No 3= Other \_\_\_\_\_ /

3.9 What did you do after that first consultation? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /  
 1= Followed the advice 2= Visited another medical doctor  
 3= Visited a traditional healer 4=Other \_\_\_\_\_ /

#### **Module 4 : After the first health care visit up to diagnosis**

4.1 How many consultation did you have to receive a diagnosis (count also repeatedly consultations at the the medical doctor)? (*Include the first consultation and the one to receive the diagnosis*). \_\_\_\_\_ /

After the first consultation and before the diagnosis you visited: :

	<i>Type of medical doctor (a)</i>	<i>Structure in the health system (b)</i>	<i>Diagnosis (d)</i>	<i>Recommendation (e)</i>	<i>Date referred to Point G</i>
4.2					
4.3					
4.4					
4.5					
4.7					
4.8					
4.9					
	1= Generalist 2=Gynaecologist 3=Oncologist 4=Surgeon 5=Other	1=CHC 2= Referral Hospital 3= Hospital 4= Private Clinic 5=Other	1= Nothing serious 2= Inflammation 3= Sth. serious 4= Cancer 5= Nothing 6=Other	1= Mammography 2= Ultrasound 3=Biopsy 4=Fine needle aspiration 5= Surgery 6=Medical treatment 7=Nothing 8=Other	

**Module 5 : Diagnosis**

5.1 When did you receive the diagnosis?

**\*Date the most precise (Calendar) :** \_\_\_\_\_ (dd/mm/yyyy)

5.2 Estimation of the date: \_\_\_\_\_ /

1=Date approximate      2=Date precise      3= Date verified by \_\_\_\_\_ /

5.3 Which type of medical doctor made the diagnosis? \_\_\_\_\_ /

1= Generalist    2=Gynaecologist    3=Oncologist    4=Surgeon    5= Radiologist

6= The last one you visited continue with 5.5    7=Other \_\_\_\_\_ /

5.4 In which structure of the health care system did you receive the diagnosis? \_\_\_\_\_ /

1=CHC      2=Referral Hospital    3= Hospital    4=Private Clinic

5=Other \_\_\_\_\_ /

5.5 What was the base of the diagnosis? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

1= Mammography      2= Ultrasound      3=Biopsy      4=Fine needle aspiration    5=Other \_\_\_\_\_ /

5.6 When you had a biopsy/fine needle aspiration when did you receive the result?

**\*Date the most precise (Calendar) :** \_\_\_\_\_ (dd/mm/yyyy)

5.7 Estimation of the date: \_\_\_\_\_ /

1=Date approximate      2=Date precise      3= Date verified by \_\_\_\_\_ /

5.8 How many diagnostic services did you have before receiving a diagnosis?

a) Mammography \_\_\_\_\_ /    b) Ultrasound \_\_\_\_\_ /    c) Biopsy \_\_\_\_\_ /

d) Finde needle aspiration \_\_\_\_\_ /    e) Surgery \_\_\_\_\_ /

5.9 The medical doctor recommended which type(s) of treatment? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

1= Surgery    2= La chemotherapy    3= La radiotherapy    4=Other \_\_\_\_\_ /

5.10 Immediately after that, what was your reaction? \_\_\_\_\_ /

1=You wanted to have treatment as soon as possible      2=You hesitated to start treatment

3=You did not want to start treatment      4=Other \_\_\_\_\_ /

5.11 Which difficulties did you have to start your treatment? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ /

1= No difficulties      2=To have an appointment    3= Lack of money

4=Unavailability of drugs      5= Anxiety      6=Other \_\_\_\_\_ /

5.12 Did you already stat your treatment? \_\_\_\_\_ /

1=Yes    2= No

**Module 6 : Treatment**

6.1 In which structure of the health care system did you start the treatment? \_\_\_\_\_ /  
 1=Referral Hospital      2= Hospital      3=Private Clinic      4= Other \_\_\_\_\_ /

6.2 With which kind of treatment did you start \_\_\_\_\_ /  
 1= Surgery    2= Chemotherapy    3=Other \_\_\_\_\_ /

6.3 When did you start the treatment?

**\*Date the most precise (Calendar) :** \_\_\_\_\_ (dd/mm/yyyy)

6.4 Estimation of the date: \_\_\_\_\_ /  
 1=Date approximate      2=Date precise      3= Date verified by \_\_\_\_\_ /

6.5 Did you already started a second treatment ? \_\_\_\_\_ /  
 1=Yes    2= No

6.6 In which structure of the health care system did you start the next treatment? \_\_\_\_\_ /  
 1=Referral Hospital      2= Hospital      3=Private Clinic      4= Other \_\_\_\_\_ /

6.7 With which kind of treatment did you continue \_\_\_\_\_ /  
 1= Surgery    2= Chemotherapy    3=Other \_\_\_\_\_ /

6.8 When did you start the treatment?

**\*Date the most precise (Calendar) :** \_\_\_\_\_ (dd/mm/yyyy)

6.9 Estimation of the date: \_\_\_\_\_ /  
 1=Date approximate      2=Date precise      3= Date verified by \_\_\_\_\_ /

**Module 7: Survival**

8.1. Date of last contact: \_\_\_\_\_ (dd/mm/yyyy)

8.2. Date the patient died: \_\_\_\_\_ (dd/mm/yyyy)

**Thanks for your support !**