



The purpose of this survey is to find out what people living in Ward 5 in Washington, D.C., know about breast cancer and breast cancer services, and to use that information to help improve breast health services in Ward 5. It should take approximately 5-10 minutes to complete.

Thank you in advance for your participation.

Question 1 is **required**.

1. Are you a female who lives in Ward 5 in Washington, D.C.? (Select one option)

Yes

Go to Question 2

No

Skip to Page 12

2. How old are you? (Select one option)

18-29

30-39

40-49

50-59

60 or older

3. What is the highest level of school you have finished? (Select one option)

Less than high school degree

High school diploma

Graduate equivalency degree (GED)

Some college, but no degree

Associate's degree

Bachelor's degree

Graduate degree



4. Which of the following best describes your current work status? (Select one option)

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work

5. Which of the following best describes your current relationship status? (Select one option)

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with significant other
- Single, never married

6. What is your race/ethnicity? (Select one option)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- From multiple races
- Unknown or cannot be determined
- Other (Please specify) _____



7. Do you have a permanent home? (Select one option)

Yes

Go to Question 8

No

Skip to Question 9

8. How many people, including you, do you live with? (Select one option)

1 (live alone)

2

3

4

5

6 or more

9. What type of health insurance do you have? (Select all that apply)

None

Private

Employer sponsored

Medicaid

Medicare

Not sure

Other (Please specify) _____

10. Do you have someone you think of as your personal doctor or health care provider? (Select one option)

Yes

Go to Question 11

No

Skip to Page 5, Question 14



11. How many times have you visited your doctor in the past 12 months?

- 0
- 1
- 2
- 3
- 4
- 5 or more

12. How many appointments have you canceled or missed in the past 12 months? (Do not count appointments you have rescheduled).

- 0
- 1
- 2
- 3
- 4
- 5 or more

13. Why have you canceled or missed your appointments? (Select all that apply)

- Not applicable
- No transportation
- No childcare
- Could not get off work
- Wait was too long
- Weather
- Other (Please specify) _____

**Answer Question 14 ONLY IF the answer to Question 10 was "No."
If the answer to Question 10 was "Yes," skip to Question 15.**

14. What reason(s) prevent you from having a regular doctor? (Select all that apply)

- No health insurance
- Unable to get an appointment
- Cannot miss work
- Cost too high
- Cannot find a doctor I am comfortable with
- Cannot find a doctor who speaks my language
- Cannot find a doctor close enough to my home or job
- Do not know where to go
- I'm healthy
- I'm afraid
- Other (Please specify) _____

15. Where do you go when you are sick? (Select one option)

- Private doctor's office
- Emergency room
- Community clinic or community health center
- Urgent care clinic
- My job/employer
- I don't go anywhere
- I don't get sick
- Other (Please specify) _____



16. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (Select one option)

- Yes
- No
- Don't know

Go to Question 17

Skip to Question 20

Skip to Question 21

17. When was your last mammogram? (Select one option)

- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years
- Don't know

18. Do you get a mammogram each year? (Select one option)

- Yes
- No
- Don't know

Skip to Question 21

Go to Question 19

Skip to Question 21



19. Why do you not get a mammogram each year? (Select all that apply)

- No known family history of breast cancer
- Doctor didn't recommend it
- Younger than recommended age to start getting annual mammogram (40-50 years)
- Fear
- Procedure too painful
- Cannot take time off work
- No childcare
- No transportation
- No testing site near me
- Don't know where to go
- Cost too high
- Cannot find a provider who speaks my language
- Religious reasons
- Did not know mammograms are recommended
- Unsure if mammograms are good at finding breast cancer
- Unsure how often I should get a mammogram
- Other (Please specify) _____



**Answer Question 20 ONLY IF the answer to Question 16 was "No."
If the answer to Question 16 was "Yes" or "Don't know," skip to Question 21.**

20. Why have you never had a mammogram? (Select all that apply)

- No known family history of breast cancer
- Doctor did not recommend it
- Younger than recommended age to start getting annual mammogram (40-50 years)
- Fear
- Procedure too painful
- Cannot take time off work
- No childcare
- No transportation
- No testing site near me
- Don't know where to go
- Cost too high
- Cannot find a provider who speaks my language
- Religious reasons
- Did not know mammograms are recommended
- Unsure when I should get a mammogram
- Unsure if mammograms are effective
- Other (Please specify) _____

21. A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (Select one option)

- Yes
- No
- Don't know

Go to Question 22

Skip to Question 23

Skip to Question 23

22. When was your last clinical breast exam? (Select one option)

- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years
- Don't know

23. A self breast exam is when a you feel your own breasts for lumps. Have you ever completed a self breast exam? (Select one option)

- Yes
- No
- Don't know

Go to Question 24

Skip to Question 25

Skip to Question 25

24. When was your last self breast exam? (Select one option)

- Within the past 6 months
- Within the past year
- Within the past 2 years
- Within the past 3 years
- Within the past 5 years
- 5 or more years
- Don't know



25. How many of your family members (parent, sibling, or child) have had breast or ovarian cancer? (Select all that apply)

- 0
- 1
- 2
- 3
- 4 or more
- I am not sure about ovarian cancer

26. Has a doctor ever told you that you have breast cancer? (Select one option)

- Yes Go to Question 27
- No Skip to Question 30
- Don't know Skip to Question 30

27. Did you have health insurance when you were diagnosed? (Select one option)

- Yes
- No
- Don't know

38. What stage was the cancer when you were diagnosed? (Select one option)

- I
- II
- III
- IV
- Don't know



29. Have you ever been treated for breast cancer? (Select one option)

- Yes
- No
- Don't know

30. Why do you feel that women who live in Ward 5 are suffering from late stage/advanced breast cancer even though they have health insurance?

31. Would you like my help in getting your mammogram this year? (Select one option)

- Yes
- No
- I will call you if I need you.



Only read this comment if the response to question 1 is "No" because the participant is not a female resident of Ward 5.

Thank you for your willingness to participate, but unfortunately this survey is only available for female residents of Ward 5 in Washington, D.C., at this time. Please ask the navigator how you can share this survey with your friends and family who do live in Ward 5.