



Draft

Avon Foundation Breast Care Fund Confidential Client Intake Form



Office Use Only (continued on back)

Agency ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Client ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Today's Date <input type="text"/> / <input type="text"/> / <input type="text"/>	Services to be paid for by: (check all that apply) <input type="checkbox"/> Medicaid <input type="checkbox"/> Private insurance <input type="checkbox"/> Fee for service <input type="checkbox"/> Medicare <input type="checkbox"/> BCCEDP <input type="checkbox"/> Fee waived
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It is important to have a general picture of all the women who receive services from the Avon Foundation Breast Care Fund. Please answer each question about yourself. Your name will not be used anywhere on this questionnaire.

ALL RESPONSES WILL BE KEPT CONFIDENTIAL.

- 1. What is your age?** **Years**
- 2. What is your ethnicity?** (check one)
 Hispanic or Latino(a)
 Not Hispanic or Latino(a)
- 3. What is your race?**
 (check all that apply)
 Black or African American
 White or Caucasian
 Asian
 Pacific Islander or Native Hawaiian
 Native American/Native Alaskan
 Other
- 4. Primary language spoken?** (check one)
 English Mandarin Korean
 Spanish Cantonese Vietnamese
 French Arabic Russian
 Portuguese Creole Other
- 5a. Were you born in the USA?**
 Yes No
- 5b. If not, how long have you lived in the USA?**
 Less than a year
 From 1 to 5 years
 More than 5 years
- 6. What is the HIGHEST grade you completed?**
 (check one)
 Less than High School Degree Associates Degree
 High School Degree Bachelors Degree
 GED Some Graduate
 Some College Graduate Degree
- 7. What is your annual household income?**
 (check one)
 \$5,000 or less \$15,001 - \$25,000
 \$5,001 - \$10,000 \$25,001 - \$50,000
 \$10,001 - \$15,000 More than \$50,000

- 8. How would you describe the area where you live?**
 Urban/City Frontier (check one)
 Suburban Indian reservation
 Rural Other

- 9. How did you hear about this program?**
 (check all that apply)

- Flyer/Other printed material
 Clinic/Health care provider
 Avon representative
 Other community service
 Friend/Family/Word-of-mouth
 YWCA TV/Radio
 Church Newspaper
 Outreach worker Other

- 10. What made you decide to come to this program for breast health services?**
 (check all that apply)

- Advertisements
 Incentive/Free gift
 Encouragement from family/friends
 Nice facility
 Friendly/helpful staff
 Easy to get to
 Low-cost/Free service
 Speak my language/Culturally sensitive
 Concerned about my health
 Offers transportation and/or child care
 Open at convenient times for me
 Other

- 11a. Do you have health insurance?**
 Yes No

- 11b. If yes, check all health insurances you have:**
 (check all that apply)
 Medicaid Private Insurance
 Medicare Other



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12. In the past year, has there been any person or place you have gone to for regular, non-emergency health care? Yes No

13. In the past year, what types of health care providers have you visited? (check all that apply)
 Tribal clinic Private medical provider
 Hospital clinic Family planning clinic
 Emergency room Community health center
 Traditional healer Other None

14. Have you ever had breast cancer? Yes No

15. Has anyone in your family had breast cancer?
 Yes No Don't Know

16a. Prior to coming to this agency, have you ever had a breast exam by a doctor or nurse? Yes No

16b. If yes, how long ago was your last breast exam?
 Less than a year ago More than 2 years ago
 From 1 to 2 years ago Never had one

17. Did you know about mammograms before this program? Yes No

18a. Prior to coming to this agency, have you ever had a mammogram? Yes No

18b. If yes, how long ago was your last mammogram?
 Less than a year ago More than 2 years ago
 From 1 to 2 years ago Never had one

19a. Before participating in this Program, have you ever been taught by a medical professional to examine your own breasts? Yes No

19b. If yes, how often do you examine your breasts?
 More than once a month Rarely
 About once a month Never

20. If you have NEVER had a mammogram OR have NOT had one in the past 2 years, why haven't you? (check all that apply)

- No health insurance/Too expensive
- Too young to have one
- Nothing wrong with me/No problems
- Never had breast cancer in our family
- Don't think it would find breast cancer
- My doctor has not recommended one
- Don't trust/feel comfortable with medical providers
- Goes against my faith/religion
- Goes against my culture
- Afraid of finding a problem
- Not a priority in my life/Too busy
- Didn't know I should
- Too embarrassing or painful
- No transportation
- Afraid of the mammography machine/radiation
- My family did not want me to go
- Believe my health is in God's hands

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Exam type:

Mam: Initial (1st at this agency) Annual
CBE: Initial (1st at this agency) Annual

Where was this form filled out? (check one)

At outreach/education event At client's home
 Over the phone Other location
 At screening appointment/provider's office

Who filled out this form? (check one)

Client or Client w/interpreter Clinician/Medical provider
 Outreach worker Other clinic staff

Where will client go to have a mammogram?

- Hospital imaging center (check one)
- Community health center
- Primary care provider's office
- Church
- Jail/Prison
- Senior center
- Community center
- Shelter
- Other community site
- Other location

Type of mammography equipment to be used:

Mobile unit Mobile van Stationary unit