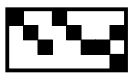


# Avon Foundation Breast Care Fund

## Confidential Client Intake Form



18726



**Office Use Only** (continued on back)

Agency ID <input style="width: 100%; height: 20px;" type="text"/>	Client ID <input style="width: 100%; height: 20px;" type="text"/>	Today's Date <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/>	Services to be paid for by: <i>(check all that apply)</i> <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?**  
 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?**  
 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?**  
 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?**  
 \$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?**

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Urban/City | <input type="checkbox"/> Frontier           |
| <input type="checkbox"/> Suburban   | <input type="checkbox"/> Indian reservation |
| <input type="checkbox"/> Rural      | <input type="checkbox"/> Other              |

**9. How did you hear about this program?**

*(check all that apply)*

- |   |  |
|---|--|
| <input type="checkbox"/> Flyer/Other printed material | <input type="checkbox"/> TV/Radio        |
| <input type="checkbox"/> Clinic/Health care provider  | <input type="checkbox"/> Newspaper       |
| <input type="checkbox"/> Avon representative          | <input type="checkbox"/> Outreach worker |
| <input type="checkbox"/> Other community service      | <input type="checkbox"/> Other           |
| <input type="checkbox"/> Friend/Family/Word-of-mouth  |  |
| <input type="checkbox"/> YWCA                         |  |
| <input type="checkbox"/> Church                       |  |

**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:**

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Private Insurance |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other             |

*please continue on other side*

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# Avon Foundation Breast Care Fund - Confidential Client Intake Form (continued)



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
- My family did not want me to go
- Believe my health is in God's hands

### Office Use Only

#### Exam type:

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

#### Where was this form filled out?

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

#### Who filled out this form?

Client  Clinician/Medical provider  
 Outreach worker/Interpreter  Other clinic staff

#### Where will client go to have a mammogram? (select one)

Hospital imaging center  
 Community health center  
 Primary care provider's office

#### Community site:

Church  Community center  
 Jail/Prison  Shelter  
 Senior center  Other community site  
 Other location

#### Type of mammography equipment to be used:

Mobile unit  Mobile van  Stationary unit