

# UVM ScholarWorks

## Assessing the perceptions and knowledge of breast cancer and mammography in the refugee population

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# Refugee Mammogram

\* Required

1. **Can you read English? \***

*Mark only one oval.*

- Yes      *Skip to question 2.*
- No

## English

2. **Name \***

.....

3. **Street address \***

.....

4. **Phone Number**

.....

## Untitled Page

5. **Age \***

*Mark only one oval.*

- 40-49
- 50-74
- 75-90+

6. **Gender \***

*Mark only one oval.*

- Male
- Female

7. **Are you a refugee (forced to flee your home country because of persecution, war, poverty, violence)? \***

*Mark only one oval.*

Yes

No

8. **What country are you from? \***

.....

9. **What ethnicity are you?**

.....

10. **How long have you lived in the United States of America? \***

*Mark only one oval.*

0-2 years

3-5 years

6-10 years

11-20 years

21-40+ years

11. **How long have you lived in Vermont? \***

*Mark only one oval.*

0-2 years

3-5 years

6-10 years

11-20 years

21-40+ years

12. **How old were you when you finished school? \***

*Mark only one oval.*

0-10 years old

11-15 years old

16-18 years old

19-21 years old

22-25+ years old

**13. Do you smoke cigarettes? \***

*Mark only one oval.*

- Yes  
 No

**14. What is your household income?**

*Mark only one oval.*

- \$1-9,999  
 \$10,000-19,999  
 \$20,000-45,999  
 \$46,000-71,999  
 \$72,000-100,000+

**15. What type of health insurance do you have? \***

*Mark only one oval.*

- None  
 Medicaid  
 Medicare  
 Private  
 Other

**16. How many children have you given birth to? \***

*Mark only one oval.*

- 0     *After the last question in this section, skip to question 18.*  
 1  
 2  
 3  
 4+

**17. How old were you when your 1st child was born \***

*Mark only one oval.*

- 12-18  
 18-25  
 26-30  
 31-40  
 41-50+

## Mammograms

A mammogram is a picture of the breast taken using an X-ray. It is used to find breast cancer.

Breast cancer can cause changes like swelling, pain, discharge of the breast. A lump may also be felt. Breast cancer can cause death.



18. **Have you heard of breast cancer before today? \***

*Mark only one oval.*

Yes

No

19. **Is breast cancer always fatal? \***

*Mark only one oval.*

Yes

No

20. **Have you heard a mammogram before today? \***

*Check all that apply.*

Yes

No

**21. Have you had a mammogram before? \***

*Check all that apply.*

Yes

No

**22. Do you ever feel your breasts for lumps or changes? \***

*Mark only one oval.*

Yes

No

**23. Having a mammogram is the best way or me to find a very small lump?**

*Mark only one oval.*

Yes

No

**24. Can a mammogram find breast cancer before you can feel changes in your breast? \***

*Mark only one oval.*

Yes

No

**25. Does detecting breast cancer early increase your chance of survival? \***

*Mark only one oval.*

Yes

No

**26. Having a mammogram will help me find breast lumps early and decrease my chances of dying from breast cancer?**

*Mark only one oval.*

Yes

No

**27. Does having a mother or sister with breast cancer increase your risk of breast cancer? \***

*Mark only one oval.*

Yes

No

**28. Would you like to get a mammogram? \***

Mark only one oval.

- Yes      *Skip to question 30.*
- No      *Skip to question 29.*

**29. Why don't you want a mammogram? \***

Choose at that apply

Check all that apply.

- Having a mammogram costs too much money
- Having a mammogram would be painful.
- I am afraid because I might find out something is wrong
- Having a mammogram would be too embarrassing.
- I am too old to need a routine mammogram

*Skip to question 32.*

**30. Do you need help getting a mammogram appointment? \***

Check all that apply.

- Yes
- No

**31. What has prevented you from getting a mammogram?**

Check all that apply.

- It costs too much
- Afraid to have a mammogram because I might find out something is wrong
- Difficult to get transportation for a mammogram
- Difficult to get child care to get a mammogram
- Have other problems more important than getting a mammogram

**32. Do you worry about getting breast cancer? \***

Mark only one oval.

- Yes
- No

**33. Do you think you will get breast cancer in the future? \***

Check all that apply.

- Yes
- No

**34. Have you ever been diagnosed with ovarian cancer? \***

*Check all that apply.*

- Yes  
 No

**35. Do you know anyone who had breast cancer? \***

*chose all that apply*

*Check all that apply.*

- No one  
 Yourself  
 Mother  
 Sister  
 Relative  
 Friends

**36. Have you ever had any types of cancer? Select all that apply \***

*Check all that apply.*

- No  
 Skin  
 Stomach  
 Colon  
 Mouth  
 Lung  
 Bone  
 Other

*Stop filling out this form.*

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