

QUESTIONNAIRE



Please answer the questions
overleaf

1.) Do you know any of the warning signs of breast cancer? Please tick:

Yes

No

If yes, please circle the signs you know below.

Change in position of your nipple	Pulling in of your nipple	Pain in one of your breasts or armpit
Puckering or dimpling of your breast skin	Discharge or bleeding from your nipple	A lump or thickening in your breast
Nipple rash	Redness of your breast skin	
A lump or thickening under your armpit	Changes in the shape of your breast or nipple	Changes in the size of your breast or nipple

2.) In the next year, who is most likely to get breast cancer?

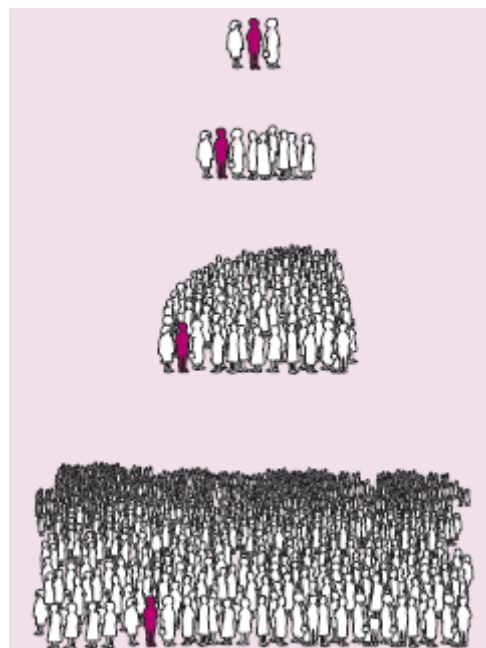
Please tick one box only

- A 30 year old woman
- A 50 year old woman
- A 70 year old woman
- A woman of any age

3.) How many women will develop breast cancer in their lifetime?

Please tick one box only

- 1 in 3 women
- 1 in 8 women
- 1 in 100 women
- 1 in 1000 women



4.) How often do you check your breasts?

- Rarely or never
- At least once every 6 months
- At least once a month
- At least once a week

5.) When did you last check your breasts?

I have never checked my breasts

Over 6 months ago

In the last 6 months

Last month

Last week

6.) Are you confident you would notice a change in your breasts?

Not at all confident

Slightly confident

Fairly confident

Very confident

7.) If you found a change in your breast, when would you contact your doctor?

Never

Soon

Straightaway

8.) When you have a health problem, are there any concerns that make it difficult for you to see your doctor?

Yes

No

If yes, what are your concerns? (Please tick all that apply)

- I worry that he/she is too busy to listen to me
- I feel that I am bothering my doctor
- I feel embarrassed to go to my doctor in case he/she has to examine me
- I worry about any treatment I might have to have
- I put off going to the doctor because I have other more important things to think about or do
- It is physically difficult for me to get to the surgery
- It is usually difficult for me to get an appointment

9.) If you found a change in your breast, when would you tell someone close to you?

- Never
- Soon
- Straightaway

Who would you tell? (Please tick all that apply)

- Husband/partner
- Son
- Daughter
- Other family member
- Friend
- Other

If other, please state who: _____

10.) During the last 6 months, not counting times you visited a hospital, how many times did you go to a GP or practice nurse to get care for yourself?

- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5-9 times
- 10 times or more

11.) Did you speak to the GP or practice nurse about a breast problem at any of these visits?

- Yes
- No
- I have not seen a GP or practice nurse in the last 6 months

12.) If yes, how many times did you go and see a GP or practice nurse about a breast problem?

- 1 time
- 2 times
- 3 times
- 4 times
- 5-9 times
- 10 or more times

Could you please complete these questions about yourself to help us to analyse our survey.

13.) Please tick the box that best describes who you live with.

Living with husband or partner

Living alone

Living with others

14.) Could you tell me what age you left full time education?

_____ years old

OR

Still in full time education

No full time education

15.) Which of these best describes your ethnic background?

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background

Mixed/multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black/African/Caribbean/Black British

- African
- Caribbean
- Any other Black/African/Caribbean background

Other ethnic group

- Arab
- Any other ethnic group

Thank you very much for taking the time to complete this questionnaire.

**Any information you have
provided shall be kept
confidential**