

Section 13: Women's Preventive Services

Questionnaire

V 1.1 si F ↓ M → 14.1

13.1	A mammogram is an X-ray taken of each breast to investigate the possibility of breast cancer. Have you ever had a mammogram?	1. Yes	<input type="checkbox"/>	↓ 13.3	
		2. No	<input type="checkbox"/>		
		3. Don't remember/not sure	<input type="checkbox"/>		
13.2	How long has it been since your last mammogram?	1. 1 year or less	<input type="checkbox"/>		
		2. 1-2 years ago	<input type="checkbox"/>		
		3. More than 2 years ago	<input type="checkbox"/>		
		4. Don't remember/not sure	<input type="checkbox"/>		
13.3	In a clinical breast exam, a doctor, nurse or other health professional palpates a woman's breasts to check for any tumors. Have you ever had a clinical breast exam?	1. Yes	<input type="checkbox"/>	↓ 13.5	
		2. No	<input type="checkbox"/>		
		3. Don't remember/not sure	<input type="checkbox"/>		
13.4	How long has it been since your last breast exam?	1. 1 year or less	<input type="checkbox"/>	3. More than 2 years ago	<input type="checkbox"/>
		2. 1-2 years ago	<input type="checkbox"/>		
13.5	A Pap test or cervical cytology smear is done to check for cancer of the cervix (narrow end of the uterus). Have you ever had a Pap test?	1. Yes	<input type="checkbox"/>	↓ 14.1	
		2. No	<input type="checkbox"/>		
		3. Don't remember/not sure	<input type="checkbox"/>		



13.6	How long has it been since your last Pap test?	1. Less than 12 months	<input type="checkbox"/>	4. 3-5 years ago	<input type="checkbox"/>	
		2. 1-2 years ago.	<input type="checkbox"/>	5. 5 years or more	<input type="checkbox"/>	
		3. 2-3 years ago	<input type="checkbox"/>	6. Don't remember/not sure	<input type="checkbox"/>	
13.7	Was your last mammogram part of a routine physical examination or because you had some problem with your breasts?	1. Part of a routine physical examination	<input type="checkbox"/>	3. Because I previously had cancer	<input type="checkbox"/>	
		2. Because I had some kind of breast problem other than cancer	<input type="checkbox"/>	4. Don't know/not sure	<input type="checkbox"/>	
13.8	Was your last Pap test part of a routine physical examination or because you had or have some problem?	1. Part of a routine examination	<input type="checkbox"/>	3. Due to another reason.	<input type="checkbox"/>	
		2. Because I had or have some problem (cancer or pre-cancerous lesions).	<input type="checkbox"/>	4. Don't know/not sure.	<input type="checkbox"/>	

