

QUESTIONNAIRE DELAY THE BREAST CANCER

INSTRUMENT FOR MEASURING THE DELAY IN HEALTH CARE BREAST CANCER

The application of this combined instrument review files of the patient with breast cancer, to estimate the time intervals specified below and the

factors associated with delays in these intervals.

*INTERVAL TOTAL: Elapsed time from identifying a problem to breast
the onset of cancer treatment.*

*INTERVAL PATIENT: identification of the problem to the first medical consultation. INTERVAL OF HEALTH SERVICES: the first
consultation at the start of treatment. INTERVAL diagnosis: the first medical consultation to confirmación diagnosis. INTERVAL
TREATMENT: from diagnosis to start of treatment.*

** This instrument is designed to be applied by interviewing patients in whom there is a high suspicion of diagnosis of breast cancer, on
arrival at an oncological institution. It is recommended to exclude patients with the following characteristics:*

- a) Those who previously had cancer*
 - b) Those who have already received treatment for cancer disease present*
 - c) those with benign breast diseases tracked*
-

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**Karla Unger Saldaña, Ingris Pelaez Ballestas & Claudia Castañeda Infante. . . Development and valida.on of a ASSESS
ques.onnaire to delay breast cancer. *BMC Cancer*, 2012; 12: 626. . .**

**SEARCH MEDICAL CARE PATIENTS ATTENDING TO
DEPARTMENT OF BREAST TUMORS**

1. DISCOVERY OF HEALTH PROBLEM

(Name of respondent) Now I'm going to ask some questions about the health problem which came to this hospital.

1.01

In which date first identified
(Or he realized) that had a chest problem?

*TRYING DOCUMENTAR as closely***

**AT LEAST POSSIBLE MONTH AND YEAR. USE THE CALENDAR FOR
WOMEN HELP TO REMEMBER.**

--	--	--	--	--	--	--

.. .. .
number**
letter**
number**

*If you do not remember exactly the** day, limit if it was at the beginning,
middle or 2inales of the month:*

.. .. . a) At the beginning of the

month b) In the middle of the month c)

*If you do not remember exactly the** month, limit if it was at the beginning,
A? inal month a) At the beginning of the
middle or 2inales of the year:*

year

.. .. . b) A midyear

.. .. . c) A? inal year

**If you do not remember the day or month at all, set
"98" or "988" respectively**

1.02

¿ How did you know I had a problem in the chest?

*IF MENTIONED any symptoms RESPOND 1 Y***

GO TO THE NEXT QUESTION.

Symptoms of women. 1

Mastogra? Ed timely detection

..... 2 clinical routine

breast examination

3

GO TO ..
3.01****

1.03

What was the first symptom he noticed?

DO NOT ** READ CHOICES IN HIGH. ONLY ACCEPT A ANSWER.**

.. .. . 1) Bolita or thickening chest ("ball", "grain", "ball", "tumor",
"tumorcito", "ball", hardening, etc.)

.. .. . 2) Chest pain ("burning", "stinging", "pickets")**

.. .. . 3) Other annoyances**

Specify exact words RESPONDENT

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**SEARCH MEDICAL CARE PATIENTS ATTENDING TO
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2. PERCEPTION OF DISCOMFORT					
<p>2.01 When he noticed for the first time, did what so serious he thought it was?</p> <p style="text-align: center;"><small>READ ALL OPTIONS**</small></p> <p style="text-align: center;"><small>ANSWER ALOUD</small></p> <p>.. .. Nothing serious? 0</p> <p>Little serious? 1 Moderately severe? 2</p> <p>.. .. Serious? 3</p> <p>.. .. Or very serious? 4</p> <p>.. .. No answer. 99</p>		<p>2.04 I'll now read some discomfort and wanted me to go saying if you had any of them. ¿ I could tell if you have had ...</p> <p style="text-align: center;"><small>READ ** OPTIONS ONE BY ONE IN HIGH AND FILL cuadrito RELATING TO THE RESPONSE**</small></p> <p style="text-align: center;"><small>WOMEN (Yes or No) for each symptom**</small></p> <hr style="border-top: 1px dashed black;"/> <p>1. lump in the armpit, neck or trunk? <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Chest pain? <input type="checkbox"/> <input type="checkbox"/></p> <p>3. Pain arm on the same side as the affected <input type="checkbox"/> <input type="checkbox"/></p>			
<p>2.02 How much you worried at the time?</p> <p style="text-align: center;"><small>READ ALL OPTIONS**</small></p> <p style="text-align: center;"><small>ANSWER ALOUD</small></p> <p>.. .. Nothing? 0</p> <p>.. .. Little bit? 1</p> <p>.. .. Regular? 2</p> <p>.. .. Or a lot? 3</p> <p>.. not respond. 99</p>		<p>4. Color changes in the breast skin (like red, brown or purple)? <input type="checkbox"/> <input type="checkbox"/></p> <p>breast? 6. Ulcer or sore on the skin of the chest? <input type="checkbox"/> <input type="checkbox"/></p> <p>5. Tingling or numbness of the arm on the same side? <input type="checkbox"/> <input type="checkbox"/></p> <p>7. Itching in the chest? <input type="checkbox"/> <input type="checkbox"/></p> <p>8. Increased breast size? <input type="checkbox"/> <input type="checkbox"/></p> <p>9. Changes in breast shape? <input type="checkbox"/> <input type="checkbox"/></p> <p>.. 10. That would have left fluid or blood.. <input type="checkbox"/> <input type="checkbox"/></p> <p>.. .. the nipple? <input type="checkbox"/> <input type="checkbox"/></p>			
<p>2.03 When he noticed for the first time Can thought that it could be Cancer?</p> <p>.. .. Yes 1 No</p> <p>..... 0 No answers ...</p> <p>..... 99</p>		<p>2.05 And these inconvenience he told me he has had, <u>READ ALOUD DISCOMFORT IN PREVIOUS QUESTION THAT MENTION</u> ¿ What worried him most?</p> <p style="text-align: center;"><small>ANSWERING THE RELEVANT TO THE OPTION MENTIONED</small></p> <p style="text-align: center;"><small>NUMBER symptoms or discomforts.</small></p> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> </div>			

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2. PERCEPTION OF DISTURBANCE (Continued)

2.06 What was it that made **decide to go to go to a doctor?**

RESPONSE OPTIONS READ ALOUD.

- ** appeared** nuisance (2.05) ? 1**
- ** that empe pray** nuisance (2.05) ? 2**
- ** to go at the time and was not removed** 3****
- 3****
- ** family or social network advice? 5**
- ** Or something else? 6**
- SPECIFY*
- ** not respond. 99**

2.09 *¿* **How do you feel was the time** It passed between the first time I went to the doctor for this health problem and came to this hospital?

Feel it was ...

*(REPEATING LAST SENTENCE IS ALOUD BEFORE EACH
RESPONSE OPTION)***

- Very little time? 1 A little time? 2
- Regular (more or less)? 3
- Long time? 4
- No answers 99

**GO TO
3.01****

2.07 How do you feel was the time he spent **between who realized for the first time from**
(First symptom / badly) **and it was for the first time with the doctor?**

READ ALOUD ANSWER OPTIONS

He feels that you sought care ...

- ** Immediately (after then)? 1 was soon,**
- but not right away? 2 It took a bit?**
- 3 O It took a long time?**
- 4 Do not answer**
- 99**

**GO TO
2.09****

2.10 Of the **things** now I'm going to read, can **Which** do you think made **I could not get here sooner? Is the I say and** you will respond me "yes" or "no" for each.

He feels that difficult to get to this hospital sooner

*(READ EACH OPTION ANSWER ALOUD, preceded by the phrase ABOVE)***

2.08 Why did not seek attention sooner? I'll read different options and you will respond me for each "yes" or "no".

(2.05) inter? iriera with some of your usual activities?

He did not seek medical attention sooner ...

*(READ ALOUD THE LAST SENTENCE READ BEFORE THE FIRST OPTION RESPONSE AND READ BEFORE THE RESPONSE 5. OPTION FOR THE REST, READ ONLY OPTION RESPONSE.)***

1. ... because he thought that the problem would disappear by itself? ☐ ☐
2. ... Because I did not know what health services could go? ☐ ☐
3. ... For lack of money to use health services? What? ☐ ☐
4. ... For di? lcultad to stop working? ☐ ☐
5. ... Because it has to care for a family (children, elderly or sick)? ☐ ☐
6. ... by negligence or carelessness? ☐ ☐
7. ... fear? ☐ ☐
8. ... By the revise penalty? ☐ ☐
9. ... for some other reason? ☐ ☐

SPECIFY

1. ... Not having information services which could go? ☐ ☐
2. ... Lack of money to pay for consultations and studies? ☐ ☐
3. ... that gave appointments for medical and / or very remote studies? ☐ ☐
4. ... that was a wrong doctors who saw at first diagnosis? ☐ ☐
5. ... I could not miss work to be addressed? ☐ ☐
6. ... that you were afraid? ☐ ☐
7. ... I had to care for a sick relative or elderly? ☐ ☐
8. ... Anything else? ☐ ☐

SPECIFY

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3. USE OF HEALTH SERVICES

3.01 What medical service came before arriving at the hospital? Can you go saying one by one in order? Where it was first? Approximately what date?

*ONCE YOU HAVE ANSWERED THE FIRST SERVICE,
ASK FOR THE FOLLOWING:*

After where he went?

.. .. . TYPE OF HEALTH SERVICE

.. .. 1. Health Center SSA (1st level)

.. .. 2. Clinical SSA (2nd level)

.. .. 3. General Hospital SSA (3rd level) 5. Medical

.. .. 4. National Institute of Health
or private hospital (particularly) IMSS 7. 6. Similar .. SPECIFY ..

Pharmacy 8. ISSSTE

.. .. 9. Otro He said it
SPECIFY ..

Service option used (in
order

chronological)

DATE USED 1st

SERVICE

3.02 And that first doctor he saw, ¿ What he said you had in your breast?

was:

.. .. 1 benign tumor

.. .. Tumor suspect 2

.. .. malignant tumor (cancer) 3

Otro
SPECIFY ..

3.05 Have you had made a biopsy for this health problem?

.. .. Yes 1

.. .. No 0

3.06 ¿ Where they sent this hospital?

.. .. SSA health center (1st level) 1 Clinical

SSA (2nd level) 2 General Hospital

(3rd level). 3 National Institute of Health ..

..... 4 Service private or individual health

..... 5 6 IMSS pharmacy

..... 7 ISSSTE

..... 8

Otro 9

SPECIFY

.. .. the patient's own initiative 10

Advice of a family member or friend eleven

3.03 ¿ What studies asked that first doctor he saw?

IF ONLY RESPOND one study, VERIFYING IF YOU

They asked for more, asking:

Did that first doctor asked someone else
study?

They may be several ANSWERS

.. .. Breast ultrasound 1

.. .. Mammogram? Ed or mastogra? Ed 2

.. .. Biopsy 3

.. .. None of the above 0

3.04 You prescribe some anti-inflammatory or antibiotic?

.. .. Yes 1

.. .. No 0

3.07 Have you taken or put any home or alternative remedy for this health problem?

.. .. Yes 1

No 0

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4. SOCIAL SUPPORT NETWORK

(Name of respondent), Now I'm going to ask some questions about the activities you have not done to be addressed and about the people you have helped since you started with this problem chest.

4.01 Have you stopped doing any of the following activities because of this health problem?

- Housework? ☐ ☐
- Care or care of children or grandchildren? To work? ☐ ☐
- Activities outside the home? Other ☐ ☐
- activities? _____ ☐ ☐

..... SPECIFY

IF YOU ANSWERED "NO" TO ALL OPTIONS, GO TO 6.04.

4.05 How long was it between that first noticed his discomfort and talked to PERSON NAMED IN 4.04 of them?

ANSWER IN MONTHS OR DAYS, AS WOMEN RESPOND AS

 months.. Days..

.. (If "immediately" or "then later"..... put "0" days)

4.02 Has anyone helped him carry out these activities now that he has been sick?

.. .. Yes..... 1

No 0

GO TO " 4.04"

4.06 Who recommended Ask your doctor for these annoyances?

1) **FIRST NAME:** _____

RELATIONSHIP: _____

2) **FIRST NAME:** _____

RELATIONSHIP: _____

3) **FIRST NAME:** _____

.. .. **RELATIONSHIP:** _____

.. .. No one..... 0

4.03 Who would have helped make these activities?

.. .. **FIRST NAME:** _____

RELATIONSHIP: _____

.. .. **FIRST NAME:** _____

RELATIONSHIP: _____

4.04 What person he talked first about your health problem?

.. .. **NAME:** _____ **RELATIONSHIP:** _____

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4. SOCIAL SUPPORT NETWORK (Continued)

4.07 Until now paying their consultations, studies and treatments have been with their money or someone has loaned or given money to pay them?

.. .. She has paid all (or someone in your family home)

..... 0

.. .. Payment shared between her and another 1 Someone

else paid for everything 2

4.08 Approximately how much he has had to spend you Money

In total consultations, medicines and medical studies so far?

--	--	--	--	--

pesos..

..... not know 98

4.09 Who (is) he has (have) helped financially so far to pay for their studies, treatment or consultation of this health problem?

1) **FIRST NAME:** _____

RELATIONSHIP: _____

2) **FIRST NAME:** _____

RELATIONSHIP: _____

3) **FIRST NAME:** _____

RELATIONSHIP: _____

.. .. No one..... 0

4.10 What person (s) accompanying (n) generally to medical consultations?

1) **FIRST NAME:** _____

RELATIONSHIP: _____

2) **FIRST NAME:** _____

RELATIONSHIP: _____

3) **FIRST NAME:** _____

RELATIONSHIP: _____

.. .. No one..... 0

4.11 You who (s) do you feel that is (are) the (s) person (s) who else has (n) supported emotionally?

1) **FIRST NAME:** _____

RELATIONSHIP: _____

2) **FIRST NAME:** _____

RELATIONSHIP: _____

3) **FIRST NAME:** _____

RELATIONSHIP: _____

.. .. No one..... 0

4.12 If I had to pick one person. Who would you say is the person who has helped you or supported more since you started with this health problem?

.. .. **FIRST NAME:** _____

RELATIONSHIP: _____

.. .. No one..... 0

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(Name of the interviewee) Now I'm going to ask some questions about some practices
early cancer detection.

5. KNOWLEDGE AND PRACTICES OF EARLY DETECTION OF CANCER

5.01 Approximately, when was the last time you had a Pap smear?

--	--	--	--	--	--	--

d d m m a a
.. ..
.. ..

number**
letter**
number**

.. .. Never 0

5.02 Before this health problem, has a doctor or nurse had checked your breasts or breasts?

.. .. Yes..... 1

.. .. No 0

5.03 Breast problem before you have now, had he heard of mammography or mammogram?

.. .. Yes 1

.. .. Do not 2

5.04 You usually checked your own breasts?

.. .. Yes..... 1

No 0

.. ..

5.05 What is a mammogram or mammogram?

.. .. For early detection of breast cancer or similar response 1

.. .. Another answer 0

5.06 To what age it is recommended that a woman an annual mammogram?

.. .. From 40 1 Another response 2

.. .. SPECIFY

.. .. Do not know 98 No

5.07 Had they done a mammogram before this problem?

..... 0

.. .. Yes, more than 1 1

.. .. Yes, only 1 2

5.08 Do you know someone close to you who has had or has cancer?

.. .. Yes..... 1 No

..... 0

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