**Questionnaire : Breast Cancer Diagnosis Delay Study**

Form Number / Identification Number

Date of Interview (today’s date)

**1.1 General information**

1. Patient’s Name
2. Contact: XX, XX
3. Age
4. Current address
5. Permanent address

1.2 Socio-economic info

1. Education (highest level completed): primary, secondary, higher secondary, university
2. Marital status (single/widowed/never married/ married)
3. Husband’s education (Primary, secondary, higher secondary, university)
4. Monthly income: <5000, 10000, 20000 and others \_\_\_\_\_\_\_\_\_\_
5. Access to communication and media (Select ALL that apply)
   1. mobile
   2. smartphone,
   3. newspaper
6. Family history of breast cancer: yes/no

**1.3. Discovery of health problem**

1.1 When did you first realize that you have problem with your breast?

(Enter date in dd-mm-yyyy format)

1.2 What was the first symptom you noticed? (select ALL that apply)

Lump /Skin changes/Breast pain/Nipple discharge/Bone pain/ Others :………………

**2. Perception of discomfort**

2.1 When you noticed symptom for the first time did you think that it could be cancer? (Yes/No)

2.2 Have you experienced following discomfort?

1. Lump in the armpit, neck or trunk? Yes/No
2. Pain in breast (Yes/No)
3. Pain in arm on the same side as the affected? (Yes/No)
4. Color changes in the breast skin (like red, brown or purple)? (Yes/No)
5. Ulcer or sore on the skin of the breast? (Yes/No)
6. Itching in the breast?(Yes/No)
7. Changes in breast shape?(Yes/No)
8. Liquid or blood came out from the nipple?(Yes/No)

2.3 Once you realized your problem when did you go to doctor:\_\_\_\_\_\_\_\_(in days)

2.3.1 Why did not you go to a doctor at the first place?

*Emotional barriers*

1. Because you thought that the problem would disappear by itself? Yes/No
2. Fear/ too scared?(Yes/No)
3. Too embarrassed(Yes/No)
4. Negligence or carelessness?(Yes/No)
5. Because I had to take care of the family (children, elderly or sick)?(Yes/No)

*Practical barriers*

1. Lack of money to use health services? (Yes/No)

*Health-Service barriers*

1. Because I did not know where should I go? Yes/no
2. Difficult to make appointment?(Yes/No)
3. For some other reason? \_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Use of health services**

3.1 What medical center did you visit before coming to the cancer treatment centre? (Select ONE)

1. Private clinic/hospital
2. General hospital
3. Upzila health complex
4. NGO clinic
5. Pharmacy
6. Others (please specify)\_\_\_\_\_\_\_\_\_\_\_

3.2 Do you remember the date when you first visited a medical center?

(Enter date in dd-mm-yyyy format)

3.2 Have you tried to treat at home or taken alternative remedy for this problem? Yes/No

3.2.1 if yes, which one: Homeopathy/Kobiraj/jharfuk/other

**4. Family a support**

4.1 Who is the person you talked first about your health problem? (Select ONE)

Husband/Mother/Sibling/Friend/Other/None

4.2 Who recommended you to consult with a doctor? (Select ONE)

1. Husband/Mother/Sibling/Friend/Others\_\_\_\_\_\_\_\_/No one

4.3 Did you fear or uncomfortable to tell about the problem to your spouse? Yes/No

4.4 Did you receive support from spouse after diagnosis? yes/no

4.5 If no, did you receive negative behavior from spouse? (Yes/No)

4.6 Did you receive support from social circle? yes/no

**5. Knowledge and practices of early detection of cancer**

5.1 Did you usually check your own breasts? (Yes/No)

5.2 Before this health problem, did a doctor or nurse check your breasts Yes/No

5.6 Any particular information you wish you knew before and want others to know?

**6. Pathological status after diagnosis of breast cancer**

: T……… N ……… M………. Tumor size :……………………..cm

Stage I/Stage II/Stage III/Stage IV

Interviewed by :