**Questionnaire : Breast Cancer Diagnosis Delay Study**

**Sociodemographic variables**

1. Form Number / Identification Number
2. Date of Interview (today’s date)
3. Patient’s Name
4. Contact: XX, XX
5. Current place of residence (City)
6. Current place of residence (District)
7. Education (highest level completed) (primary, secondary, higher secondary, university)
8. Husband’s education (Primary, secondary, higher secondary, university)
9. Age in years (whole year)
10. Home district (permanent residence)
11. Marital status (single/widowed/never married/ married)
12. Access to communication and media (Select ALL that apply)
    1. have access to social media,
    2. own a smartphone,
    3. own a computer
13. Family history of breast cancer: yes/no

**Estimation of delays and associated factors for delays**

**1. Discovery of health problem**

1.1 When did you first realize that you haveproblem 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 :………………

1.3 Did you feel shame to discuss about problem? Yes/No

**2. Perception of discomfort**

2.1 When you noticed for the first time, did you think this might be serious? (Select ONE)

Nothing serious

Somewhat serious

Serious

Very serious

2.2 How much did you worry at that time? (Select ONE)

Not at all

Some what worried

Normal worried

Very much worried

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

2.4 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)

2.5 What was it that made you decide to go to a doctor?

1. Felt discomfort
2. It got worse
3. Suggested by a friend or relative
4. Suggested by spouse

2.6 Why did not seek attention sooner? Please respond for each of the queries (Yes/No)

*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. Embarrassed to talk about symptom?(Yes/No)

*Practical barriers*

1. Lack of money to use health services? (Yes/No)
2. Too busy?(Yes/No)
3. Because I had to take care of the family (children, elderly or sick)?(Yes/No)

*Health-Service barriers*

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

**3. Use of health services**

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

1. Physician (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

**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

4.7 If no, any suggestions on what could be different?

[open ended]

**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

5.3 Before your breast problem have you heard of mammography or mammogram? Yes/No

5.4 Do you know someone close to you who had or has cancer? Yes/No (THIS IS ABOUT CANCER, NOT BREAST CANCER)

5.5 Did you know about breast cancer before?

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 :