1) Did you learn anything about breast health today that you did not know before? Please select only one answer.
   [ ] Yes
   [ ] No
   [ ] Not Sure

2) Will you share the breast health information you received today with a family member or friend? Please select only one answer.
   [ ] Yes
   [ ] No
   [ ] Not Sure

3) What are the two most common risk factors for breast cancer?
   1. __________________________
   2. __________________________

4) At what age should women begin to get clinical breast exams? Please select only one answer.
   [ ] 20
   [ ] 30
   [ ] 40
   [ ] 65

5) At what age should women at average risk for breast cancer begin to get annual mammograms? Please select only one answer.
   [ ] 20
   [ ] 30
   [ ] 40
   [ ] 65

6) If you are a woman, will you talk to your doctor about what breast cancer screening tests are right for you? Please select only one answer.
   [ ] Yes
   [ ] No
   [ ] Not Sure
   [ ] Not a woman

7) If you are a woman, do you plan to schedule any breast cancer screening tests in the future? Please select only one answer.
   [ ] Yes, a clinical breast exam
   [ ] Yes, a mammogram
   [ ] Yes, both a clinical breast exam and a mammogram
   [ ] Yes, but not sure which type
   [ ] No, I do not plan to schedule a screening
   [ ] Not a woman

Please continue to next page.
8) Will you visit a health care provider if you notice any of the following changes in your breasts?
   • Lump, hard knot, or thickening inside the breast or underarm area
   • Swelling, warmth, redness or darkening of the breast
   • Change in size or shape of the breast
   • Dimpling or puckering of the skin
   • Itchy, scaly sore or rash on the nipple
   • Pulling in of your nipple or other parts of the breast
   • Nipple discharge that starts suddenly
   • New pain in one spot that doesn’t go away
   Please select only one answer.
   □ Yes
   □ No
   □ Not Sure

9) What steps do you plan to take in the future that may reduce your risk of breast cancer? Please check all that apply.
   □ Maintain or add exercise into my routine
   □ Achieve or maintain a healthy weight
   □ Avoid or limit alcohol
   □ Breastfeed future babies
   □ Avoid or limit menopausal hormonal medications

10) Are you of Hispanic, Latino or Spanish origin? Please select only one answer.
    □ NO, not of Hispanic, Latino or Spanish origin
    □ YES, Mexican, Mexican American, Chicano
    □ YES, Puerto Rican
    □ YES, Cuban
    □ YES, another Hispanic, Latino or Spanish origin
    please list:______________________________

11) What is your gender? Please select only one answer.
    □ Female
    □ Male

12) What is your age? Please select only one answer.
    □ Under 20 years
    □ 20-39 years
    □ 40-49 years
    □ 50-64 years
    □ 65 years or older

13) Do you have health insurance? Please select only one answer.
    □ Yes
    □ No
    □ Not Sure

Thank you for your participation!
Remember to sign up for your screening reminder at komen.org/reminder.