

**ADHERENCE TO FOLLOW-UP OF BREAST ABNORMALITIES  
IN LOW-INCOME KOREAN AMERICAN WOMEN:  
A RANDOMIZED CONTROLLED TRIAL  
P.I.: Annette E. Maxwell**

Page 1 of 16  
Case ID No.: \_\_\_\_\_

**INITIAL ASSESSMENT AND INTERVENTION FORM\***

Patient Name: \_\_\_\_\_

Peer Counselor: \_\_\_\_\_

Start Time of Encounter (hr:min): \_\_\_\_\_ am/pm

Interview Date (mo/day/yr): [ ]/[ ]/[ ]

End Time of Encounter (hr:min): \_\_\_\_\_ am/pm

**Instructions:** Please **encircle the answer** and **record patient's response** to each question below in the spaces provided.

➔ Use "DK" to indicate that a patient's response to a question is unknown. ←

➔ Use "RF" to indicate patient refused to answer a question. ←

➔ Use "NA" to indicate that a question is not applicable to patient. ←

**Peer Counselor:** First I'd like to ask you about the time **after** your (date of initial abnormal screen) clinical breast exam/mammogram.

1. Our records show the doctor or nurse has recommended that you come for a (specify recommended exam) \_\_\_\_\_ . Is this correct?

1 = no (Go to Question No. 1a.)

2 = yes (Go to Question No. 1b.)

1a. If "no" to Question No. 1, specify patient's understanding \_\_\_\_\_

Then say: I will check with (clinic site) why you weren't informed about your follow-up exam. Indicate this in the Peer Counselor 'To Do' list at the end of the form then go to Question No. 2.

1b. Have you completed this exam?

1 = no (Go to Question No. 2)

2 = yes (Go to Question No. 1b1.)

1b1. When did you complete this exam? (mo/day/yr) [ ]/[ ]/[ ]

1b2. Where did you have it done? \_\_\_\_\_

1b3. What was the result of this exam? \_\_\_\_\_

**Note:** Call the location of exam to verify that the patient was seen. Make sure they send the report to (clinic site). Indicate this in the Peer Counselor 'To Do' List at the end of the form.

**Choose the appropriate response from the next three options based on the patient's answer to Question No. 1b3:**

■ **If the exam result is not known:** I see. I will call you back in a few days to make sure you received the results and to see how you are doing. Good bye.

Indicate this in the Peer Counselor 'To Do' List at the end of the form.

■ *If exam result was normal:* I am glad to know that. Remember, it is important to get a yearly mammogram because it is the single most effective method to find breast cancer in its earliest stage when there are effective treatments. Also, I highly encourage you to go for all your scheduled medical appointments so that if the doctor finds anything that needs attention, it can be managed and treated as soon as possible. Ms. Name of BCEDP Case Manager from (clinic site) will be the one following up with you from now on if you have other scheduled appointments. But please do not hesitate to call me if you have other questions. Remember my name is \_\_\_\_\_ and my telephone number is (\_\_\_\_)\_\_\_\_ - \_\_\_\_.

**End encounter with patient here.**

■ *If the exam result was **not** normal:* I see. I highly encourage you to go to all your follow-up appointments so that whatever it is that needs attention can be managed and treated as soon as possible. Ms. (Name of BCEDP Case Manager) from (clinic site) will be the one following up with you from now on if you have other scheduled appointments. But please do not hesitate to call me if you have other questions. Remember my name is \_\_\_\_\_ and my telephone number is (\_\_\_\_)\_\_\_\_ - \_\_\_\_.

**End encounter with patient here.**

**Peer Counselor:** There are different reasons that women may have for not being able to keep scheduled appointments or to follow other recommendations. I'm going to name some of these and I'd like you to tell me if each one may be true for you.

2. Many women do not completely understand the exam that has been recommended to them.

Do you completely understand what a (state recommended exam) is and why it is needed?

1 = no (*Go to Counseling Response*)

2 = yes

2a. Can you tell me the purpose of the (state recommended exam) ?

*If the response is even somewhat correct, add That's right and read the response below.*

*If wrong, read the response below.*

**Counseling Response:** The results of your clinical breast exam/mammogram showed the need for some more tests. This does **not** mean that you have cancer – in fact, most women with clinical breast exams/mammograms that indicate the need for more tests do not have cancer. However, it is important that you complete these follow-up tests to make sure. There are several types of follow-up tests that are used to find out the information the doctors need. (*Select the appropriate from the following*)

- A **Diagnostic Mammogram** is given if there are unusual breast changes such as lumps. Diagnostic mammography takes longer than screening mammography because more x-rays are usually taken of each breast.

- An **Ultrasound** is a painless method for producing images of the breast on a computer screen.

- **Cyst Aspiration:** In this procedure, the doctor will use a small needle to extract the liquid contents of the lump in your breast. You will be injected with a local anesthesia and should not feel the procedure at all. Most women feel fine after the procedure and return to their normal routine right away.

- **Needle Breast Biopsy:** In this procedure the doctor will obtain a sample of the abnormal tissue in your breast by inserting a small biopsy needle and removing a tiny amount of tissue. You will be injected with a local anesthesia and should not feel the procedure at all. Most women feel fine after the procedure and return to their normal routine right away.

- **Surgical Biopsy:** This is also called open biopsy, which is the most accurate method of confirming whether a breast change is cancerous. During this procedure, the doctor removes all or part of your lump for examination under a microscope. The surgery may leave a small scar but should have little effect on the contour of your breast. Most surgical biopsies are performed in the hospital on an outpatient basis.

2b. Would you like to get more information on the *(state recommended exam)* ?

1 = no *(Go to Question No. 3)*

2 = yes

*If “yes”, send patient a pamphlet regarding her recommended follow-up exam.*

*Indicate this in the Peer Counselor ‘To Do’ List at the end of the form.*

3. Some women say that they’re a little nervous about these kinds of examinations.

Do you have any worries about getting a *(state recommended exam)* or any treatment you might need?

1 = no *(Go to Question No. 4)*

2 = yes *(Go to Question No. 3a. and give Counseling Response based on Patient’s Concern)*

3a. What is your concern or what did you hear about or experience that makes you concerned about having this procedure *(Specify)*? \_\_\_\_\_

***Possible Concerns and Counseling Response:*** *(Select those appropriate)*

- ***If worried about pain or discomfort from procedure:*** Although some women find the procedure a bit uncomfortable, most women say that the discomfort only lasts a few minutes. You’ll be able to carry on your usual activities right after the exam.

- ***If embarrassed to have a mammogram:*** We are sensitive to your feelings of embarrassment too. If you want, you can request a female x-ray technician to do your mammogram. Also, you will only have to take your clothes off down to your waist. Because of this, you might want to wear a skirt or pants rather than a dress to your appointment. The technician will also give you an examination gown to wear so you are covered up most of the time.

- ***If worried about having a needle biopsy:*** Inserting a needle into the breast will not cause cancer nor cause a tumor to spread.

• ***If worried about the radiation from the mammogram:*** I can understand your concern about getting too much radiation, but the mammography equipment used today is very safe compared to old x-ray machines of the past. The amount of radiation you would receive is very small. If it wasn't safe, medical authorities would not recommend that women have a mammogram every 1 to 2 years. It is not true that mammograms cause cancer.

4. Some women say that they are afraid that if they have the exam, they might find out that they have a serious problem.

Do you have any worries like this?

1 = no (*Go to Question No. 5*)

2 = yes (*Specify and Go to Counseling Response*) Specify: \_\_\_\_\_

---

---

***Counseling Response:***

• ***If worried about finding cancer:*** Well those are important concerns. I can understand how it can be scary to think about getting an abnormal result from the (*state recommended exam*), but not having one won't make a breast health problem go away if it is present. Remember, though, that a clinical breast exam/mammogram showing a need for more testing usually does not mean you have cancer. In fact, very few of the follow-up exams show cancer. Yet you must get the (*state recommended exam*) to find out for sure. And if breast cancer is found, treatment can be started immediately before it spreads to other parts of the body.

• ***Add this if patient has family member who had cancer and is worried about finding cancer:*** It is true that if other women in your family have had breast cancer, you may have a greater chance of getting it too. This is one reason why it is so important for you to get the (*state recommended exam*).

5. Some women believe that they are healthy despite the result of their clinical breast exam/mammogram that showed the need for more tests. They don't go for their follow-up exam because they feel well and think they don't need it. Is this true for you?

1 = no (*Go to Question No. 6*)

2 = yes (*Go to Counseling Response*)

***Counseling Response:*** There are women who have breast cancer with no symptoms at all, especially when the cancer is in its early stages. A mammogram has the advantage of detecting a breast abnormality even if it is small. And while it is true that most women who have a clinical breast exam/mammogram that indicated the need for more tests do not have cancer, it is very important to know for sure, Because in the event that cancer is found, treatment can be started as early as possible so that the chances for survival and having a better quality of life are much higher.

6. Some women are concerned about the costs of exams.

6a. Do you have medical insurance?

1 = no (*Go to Question No. 6b.*)

2 = yes

If “yes”, what kind of insurance do you have?

*(Encircle the appropriate number for the answer in each of the following)*

6a1. Private insurance (e.g. Prudential, Blue Cross) (1 = no; 2 = yes)

6a2. HMO (e.g. Kaiser, CIGNA, Maxicare, Healthnet) (1 = no; 2 = yes)

6a3. MEDI-CAL (1 = no; 2 = yes)

6a4. MEDICARE (1 = no; 2 = yes)

6a5. Other (*specify*) : \_\_\_\_\_

6b. Do you have any questions or worries about the cost of the exam?

1 = no (*Go to Question No. 7*)

2 = yes (*Go to Counseling Response*)

**Counseling Response:** The Breast Cancer Early Detection Program (BCEDP) will pay for the cost of your follow-up exam.

7. Some women have transportation problems or have family responsibilities that make it difficult to keep medical appointments.

7a. Do you have any trouble getting transportation to the clinic?

1 = no

2 = yes

7b. Do you have any trouble getting someone to take care of your child during your follow-up appointment?

1 = no

2 = yes

7c. Do you have any trouble getting someone to take care of your elderly family member during your follow-up appointment?

1 = no

2 = yes

7d. Can you think of some ways to work out this/these problem(s)?

1 = no (*Go to Counseling Response then Proceed to Responses Based on Specific Problems*)

2 = yes (*Go to Question No. 8*)

**Counseling Response:** It's very important for you to make your appointments for follow-up because the results of your clinical breast exam/mammogram show the need for more tests. **This doesn't mean** that you have cancer now, but it's important for you to have the follow-up exams the doctor has recommended. Remember, your health must be taken care of. It is important for you and for your family.

**Responses Based on Specific Problems:**

Select appropriate response and encircle the answers that apply. Also indicate these in the Service Referral and Peer Counselor 'To Do' List at the end of the form.

7e. If patient **finds transportation expensive**: I can provide you and a companion free bus/train tickets so that you can go to the (specify clinic site) for your follow-up exam. Would you like me to do so?

1 = no (Go to Question No. 7f.)

2 = yes

3 = not a problem (Go to Question No. 7f.)

- If "yes", mail to the patient two round-trip bus/train tickets.

7f. If patient **does not know how to go to the clinic**:

7f1. Would you like me to give you directions to the (specify clinic site) ?

1 = no (Go to Question No. 7g.)

2 = yes

3 = not a problem (Go to Question No. 7g.)

- If "yes", give patient directions to the clinic. Provide bus/train routes if necessary.

7f2. Would you also like me to mail you a copy of these directions and (if necessary) the bus/train routes?

1 = no (Go to Question No. 7g.)

2 = yes

3 = not a problem (Go to Question No. 7g.)

- If "yes", mail to the patient directions to the clinic. Provide bus/train routes if necessary.

7g. If patient **needs special transportation services**: Would you like me to refer you to other transportation services that can bring you directly to the clinic from your house?

1 = no (Go to Question No. 7h.)

2 = yes

3 = not a problem (Go to Question No. 7h.)

- If "yes", refer the patient to appropriate transportation service.  
Refer to **Transport Services Brochure** for more information.

7h. *If patient needs a companion to go to the clinic:* Would you be able to ask a relative, friend or neighbor to go to the clinic with you?

1 = no

2 = yes (*Go to Question No. 7i.*)

3 = not a problem (*Go to Question No. 7i.*)

■ *If answer is “no”, volunteer to accompany the patient to the clinic for her follow-up exam.*

7i. *If patient has problems with childcare or elder care:* Would you be able to ask a relative, friend or neighbor to take care of your family member while you have your follow-up exam?

1 = no

2 = yes (*Go to Item Nos. 7j. to 7m. and fill in all that apply*)

3 = not a problem (*Go to Item Nos. 7j. to 7m. and fill in all that apply*)

7il. *If answer is “no”:* Would you like me to refer you to a childcare/elder care service so that they can take care of your family member while you have your follow-up exam?

1 = no (*Go to Item Nos. 7j. to 7m. and fill in all that apply*)

2 = yes

3 = not a problem (*Go to Item Nos. 7j. to 7m. and fill in all that apply*)

■ *If “yes”, refer the patient to a child care/elder care service.*

*If appropriate, suggest other possible sources of help and offer to assist in making a referral. Indicate need for referral at the end of the form.*

*(Fill in all that apply)*

7j. *Referral made to community services* \_\_\_\_\_

7k. *Suggestions or counseling* \_\_\_\_\_

7l. *Follow-up needed* \_\_\_\_\_

7m. *Others, specify* \_\_\_\_\_

8. Many women say that they sometimes just forget about their medical appointments. Is this true for you?

1 = no (*Go to Question No. 9*)

2 = yes (*Go to Counseling Response*)

**Counseling Response:** Can you think of ways to help you remember your next appointment? Can you put a note on the refrigerator or on your front door to remind you of the date? It’s very important that you don’t forget the time, because this exam is very important to protect your health.

8a. Would you like me to call you a day before your follow-up appointment just to remind you about it?

1 = no (*Go to Question No. 9*)

2 = yes

■ *If “yes”, make sure to call the patient one day before her scheduled follow-up appointment. Indicate this in the Peer Counselor ‘To Do’ List at the end of the form.*

9. Some women experience problems with the (*specify clinic site*) or are unsure about what the doctor or nurse is recommending that they do. Sometimes the doctor or nurse or clinic staff are not clear or do not speak your language.

9a. Were you treated politely during your last visit?

1 = no

2 = yes

9b. Did you have to wait too long at the clinic/site of your clinical breast exam/mammogram?

1 = no

2 = yes

9c. Do you have a problem communicating with your doctor or with the clinic staff because you do not speak the same language?

1 = no (*Go to Question No. 9d.*)

2 = yes

■ *If “yes”*: I will coordinate with (*clinic site*) so that they can provide you with an interpreter during your appointments.

*Indicate this in the Peer Counselor ‘To Do’ List.*

9d. Did someone answer any questions that you had?

1 = no

2 = yes

3 = had no questions

9e. Do you find it difficult to ask questions to your doctor or nurse?

1 = no (*Go to Question No. 9f.*)

2 = yes

■ *If “yes”*: Ask Question Nos. 9e1. to 9e3.

9e1. Would you like me to give you questions that you can ask your doctor or nurse regarding the mammography procedure being done at the (*clinic site*)?

1 = no (*Go to Question No. 9e2.*)

2 = yes

■ *If “yes”*: Give the patient sample questions on mammography. Refer to the pages 7-8 in the National Cancer Institute Brochure on “Questions to Ask Your Doctor About Breast Cancer”.

9e2. Would you like me to give you questions that you can ask your doctor or nurse regarding a breast biopsy?

1 = no (*Go to Question No. 9f.*)

2 = yes

■ *If “yes”*: Give the patient sample questions on needle breast biopsy. Refer to the pages 9-10 in the National Cancer Institute Brochure on “Questions to Ask Your Doctor About Breast Cancer”.



9e3. Would you like me to send these questions to you by mail?

1 = no (*Go to Question No. 9f.*)

2 = yes

■ If “yes”: *Send a copy of these sample questions to the patient by mail.*

*Indicate this in the Peer Counselor ‘To Do’ List.*

9f. Do you have any questions now?

1 = no (*Go to Question No. 9g.*)

2 = yes

If “yes”, specify: \_\_\_\_\_

9g. Do any of these problems make it hard for you to follow the recommendations?

1 = no (*Go to Question No. 10*)

2 = yes (*Go to Counseling Response*)

3 = no problems mentioned (*Go to Question No. 10*)

**Counseling Response:** That is an (those are) important question(s) or concern(s).

*Answer the questions that you can with certainty. For questions about the clinic site or clinic staff that you cannot answer, refer the patient back to her doctor or to the clinic staff and reinforce that these concerns are important and that medical staff want to answer these questions. Indicate need for Systems Navigation under Service Referral at the end of the form. For other questions that you cannot answer, ask Dr. Angela Jo and tell the patient that you will get back to her regarding the answer to her question.*

10. **Counseling Response only (no question):** Some women are concerned about their legal status when they have to get follow-up exams. I just want to assure you that the concern of the (*clinic site*) and the Breast Cancer Early Detection Program (BCEDP) is to diagnose any breast abnormality and get you treated if necessary – whether you are a legal resident in the U.S or not. The (*clinic site*) and the BCEDP will not ask for your legal status in the U.S. when you go for a check-up or follow-up exam.

11. Some women have other personal, family, or other problems that seem more important than following doctor’s recommendations.

Are you having any particular problems that make it hard for you to follow-up on the recommendations?

1 = no (*Go to Question No. 12*)

2 = yes, specify: \_\_\_\_\_

11a. Do you think that you can solve this/these problem(s)?

1 = no (*Go to Counseling Response then fill in all that apply among Item Nos. 9b. to 9e.*)

2 = yes (*Go to Question No. 12*)

**Counseling Response:**

• It's very important for you to make your appointments for follow-up because the results of your clinical breast exam/ mammogram show that the doctors need to get more information. This doesn't mean that you have cancer now, but it is necessary to do a more complete exam of your breast. Remember your health must be taken care of. It is important for you and for your family.

• **Add if patient does not like to go to doctors:** You're not alone in feeling that way. Other women don't like to go to the doctor either. But, did you ever think about how going to see your doctor for a follow-up would help find your health problems early and get them treated? Waiting until your health problem becomes serious is what usually requires more visits to the doctor or hospital for treatment. That is why getting your follow-up exam is important.

*If appropriate, suggest possible sources of help and offer to assist in making a referral.*

Indicate need for referral at the end of the form.

*(Fill in all that apply)*

11b. Referral made to community services \_\_\_\_\_

11c. Suggestions or counseling \_\_\_\_\_

11d. Follow-up needed \_\_\_\_\_

11e. Others, specify \_\_\_\_\_

12. Do you have trouble scheduling your follow-up exam?

1 = no

2 = yes

■ **If "yes":** I will call (*clinic site*) to check if I could re-schedule your follow-up exam at a date that is most convenient for you.

*Ask the patient the days or dates that she is available for her follow-up exam.*

Indicate this in the Peer Counselor 'To Do' List at the end of the form.

■ **If answer is "no":** I highly encourage you to schedule and go to your follow-up exam as soon as possible. I will be calling you again to check if you had any problems with setting up your appointment.

**Peer Counselor:** Now I'd like to ask you some questions about your health and medical care.

13. Do you have a regular doctor that you go to for medical exams?

- 1 = no
- 2 = yes

14. What was your reason for getting a clinical breast exam/mammogram on (give date of initial abnormal screen)?

(Do **NOT** read list, but probe) (Encircle the appropriate number for the answer in each of the following)

- 14a. *Get one every year* (1 = no; 2 = yes)
- 14b. *Family, friends, television suggested it* (1 = no; 2 = yes)
- 14c. *Had pain* (1 = no; 2 = yes)
- 14d. *Nipple discharge* (1 = no; 2 = yes)
- 14e. *Lump in breast* (1 = no; 2 = yes)
- 14f. *Doctor recommended* (1 = no; 2 = yes)
- 14g. *Other, specify* \_\_\_\_\_

15. How many mammograms have you had in your lifetime?

- 1 = One
- 2 = 2-5
- 3 = 6-10
- 4 = More than 10

16. Do you know any Korean woman who has been diagnosed with breast cancer?

- 1 = no
- 2 = yes

17. In general, would you say your health is:

- 1 = Excellent
- 2 = Very good
- 3 = Good
- 4 = Fair
- 5 = Poor

18. Do you have any of the following medical conditions?

18a. Heart disease

- 1 = no
- 2 = yes

18b. Arthritis

- 1 = no
- 2 = yes

18c. Diabetes

1 = no

2 = yes

18d. Stroke

1 = no

2 = yes

18e. Kidney disease

1 = no

2 = yes

18f. High blood pressure

1 = no

2 = yes

18g. Do you have any other medical problem?

1 = no (*Go to Question No. 19*)

2 = yes

■ *If "yes", specify:* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. Do you have someone (a family member or friend) to talk with about your worries or to help you with problems?

1 = no

2 = yes

**GO TO SERVICE REFERRAL CHECKLIST**

**SERVICE REFERRAL:**

If a referral for systems navigation or community service or other referrals is(are) indicated, read the following response, Check appropriate box or fill-in the blanks.

**Counseling Response:**

We have discussed some problems that may affect your ability to follow-up on the doctor's recommendation, so I will be calling you again to see if you were able to get the help you need –

From \_\_\_\_\_ Systems Navigation   
 Health care provider       Clinic Staff

From \_\_\_\_\_ Community Service   
 Paratransit services       Taxi service  
 Other transportation services: \_\_\_\_\_  
 Child care service       Elder care service

From \_\_\_\_\_ Other Referral(s)

From \_\_\_\_\_ Other Referral(s)

From \_\_\_\_\_ Other Referral(s)

**PERSONAL RECORD:**

Before we end our talk, I want to be sure our records are correct.

20. When is your date of birth? (mo/day/yr):  /  /

21. Where were you born?  
1 = U.S. (Go to Question No. 22)  
2 = Korea  
3 = Other, specify: \_\_\_\_\_

25a. How many years have you been living in the U.S.? \_\_\_\_\_ (yrs)

22. What language do you speak most of the time?  
1 = English  
2 = Korean  
3 = English and Korean (Bilingual)  
4 = Others, specify: \_\_\_\_\_

23. I'd like to ask you about your marital status. Are you –

- 1 = Married
- 2 = Divorced
- 3 = Separated
- 4 = Widowed
- 5 = Never married

24. What was the highest level of education that you completed?

- 1 = Less than 8<sup>th</sup> grade
- 2 = 8<sup>th</sup> grade to 11<sup>th</sup> grade
- 3 = High School graduate
- 4 = Post High School, Trade or Technical School
- 5 = 1 to 3 years of College
- 6 = College graduate
- 7 = Some graduate work or graduate degree

25. I'd like to ask you about your employment status. Are you --

- 1 = Employed for wages
- 2 = Self-employed
- 3 = Unemployed

**CLOSING STATEMENT:**

I have enjoyed talking with you and I hope that our talk has been helpful to you. I would like to call you again so that I can follow-up with you the things that we have discussed today. What would be the best date and time for me to call you?

*Set the date and time of your next phone call appointment with the patient.*

So our next phone call appointment will be on (day), (mo/day/yr)   /  /  , at   :   am/pm. I look forward to talking with you again. I would very much appreciate it if you would call me to let me know if you change your telephone number. Please call me anytime if you have any problems in keeping your appointments. Remember my name is \_\_\_\_\_ and my telephone number is ( ) \_\_\_\_ - \_\_\_\_.

**SEER COUNSELOR 'TO DO' LIST**

Check or fill in all that apply

1. Contact (clinic site)/(location of exam) regarding:

- Why patient says she has no follow-up appointment
- Verification of patient's follow-up exam and follow-up of exam results
- Provision of interpreter for patient's appointments
- Scheduling of patient's follow-up exam

Patient's preferred days and dates: \_\_\_\_\_

Day, Date and Time of follow-up exam scheduled at (clinic site): M T W Th F Sat

(mo/day/yr): / /  at (time) \_\_\_ : \_\_\_ am/pm

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

2. Mail to patient the following:

- Educational materials on (follow-up exam)
- Two round-trip bus/train tickets
- Map of the (clinic site)
- Directions to the clinic
- Bus routes
- Train routes
- Sample questions that patient can ask her doctor

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

3.  Call patient on (mo/day/yr) / /  to check if she received her exam results.

4.  Accompany patient to her follow-up exam on (date of follow-up exam) at (clinic site).

5.  Call patient to the day before her follow-up exam on (date of follow-up exam) at (clinic site).

**PEER COUNSELOR 'TO DO' LIST** *(continued)*

6. Others: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Adapted from the Screening Adherence Follow-up Program (SAFe). References for some of the counseling barriers: (1) Davis NA, Lewis MJ, Rimer BK, et al. Evaluation of a phone intervention to promote mammography in a managed care plan. *Am J Health Promot* 1997; 11:247-9. (2) Breast lumps: a guide to understanding breast problems and breast surgery. San Bruno, CA: The Staywell Company, 1998.



**INITIAL ASSESSMENT AND INTERVENTION FORM\***

Patient Name: \_\_\_\_\_  
Start Time of Encounter (hr:min): \_\_\_\_\_ am/pm  
End Time of Encounter (hr:min): \_\_\_\_\_ am/pm

Peer Counselor: \_\_\_\_\_  
Interview Date (mo/day/yr): [ ]/[ ]/[ ]

**Instructions:** Please **encircle the answer and record patient's response** to each question below in the spaces provided.

- Use "DK" to indicate that a patient's response to a question is unknown. ←
- Use "RF" to indicate patient refused to answer a question. ←
- Use "NA" to indicate that a question is not applicable to patient. ←

**Peer Counselor:** 우선 (date of initial abnormal screen) 날 유방암 검사/방사선 검사 이후에 대해 몇가지 물어보겠습니다.

1. 기록에 의하면 의사(혹은 간호사)가 당신에게 (*specify recommended exam*)을 받아보라고 권유했습니다. 맞습니까?

- 1 = 아니오 (Go to Question No. 1a.)
- 2 = 네 (Go to Question No. 1b.)

1a. 만약 1 번 문항에 '아니오'라고 답했다면 환자가 정확히 이해했는지 구체적으로 적으시오.

\_\_\_\_\_

\_\_\_\_\_

(Go to Question No. 2.)

1b. 이 검사를 이미 하셨습니까?

- 1 = 아니오 (Go to Question No. 2)
- 2 = 네 (Go to Question No. 1b1.)

1b1. 검사를 한 때가 언제입니까? (mo/day/yr) [ ]/[ ]/[ ]

1b2. 검사를 어디서 하셨습니까? \_\_\_\_\_

1b3. 검사 결과는 어떠했습니까? \_\_\_\_\_

**Peer Counselor:** 여자들이 의사와의 약속(**appointment**)이나 의사의 권고를 지키지 못하는 이유가 여러가지 있습니다. 지금부터 제가 얘기하는 이유들 가운데 당신에게 해당하는 사항이 있으면 말씀하십시오.

2. 상당수 여성들이 자신이 권유받은 검사를 완전히 이해하지 못합니다.

당신은 (*state recommended exam*)이 어떤 검사인지 그리고 왜 검사를 받아야 하는지 완전히 이해하시겠습니까?

- 1 = 아니오 (Go to Counseling Response)
- 2 = 네

2a. (state recommended exam)의 목적이 무엇인지 말씀해주시겠습니까?

*If the response is even somewhat correct, add 맞습니다 and read the response below.*

*If wrong, read the response below.*

**Counseling Response:**유방암 검사/방사선 검사 결과 당신은 추가 검사가 필요한 것으로 나타났습니다. 추가 검사 자체가 암에 걸렸다는 것을 의미하지는 않습니다. 실제로 대부분의 경우 추가 검사를 받은 여성들은 암이 없다는 것으로 나타납니다. 하지만 추가 검사를 받는 것은 매우 중요합니다. 추가 검사 방법은 여러가지입니다. 의사들은 다음과 같은 다양한 방법을 통해 필요한 정보를 찾아내게 됩니다. *(Select the appropriate from the following)*

- ‘진단을 내리기 위한 유방암 X 레이검사’(Diagnostic Mammogram)는 유방에 혹 이나 멍울같은 이상 징후가 있을 때 실시합니다. 진단을 내리기 위한 유방암 X 레이 검사는 ‘초기 검사 단계의 유방암 X 레이검사’ (screening mammogram)보다 오랜 시간이 소요됩니다. 각각의 젖가슴별로 더 많은 X 레이를 촬영하기 때문입니다.

- 초음파검사 (Ultrasound) 는 유방의 영상을 컴퓨터 화면에 담을 때 사용하는 방법으로 통증이 없습니다.

- 물혹 추출 검사 (Cyst Aspiration):의사는 작은 침을 사용해 유방에 있는 물혹을 추출하게 됩니다. 이때 환자는 부분 마취를 해 검사가 진행되는 걸 느끼지 못합니다. 대부분은 검사 후 곧바로 일상생활로 돌아갈 수 있습니다.

- 주사 바늘을 이용한 유방 조직 검사(Needle Breast Biopsy):의사는 생체 조직 검사용 작은 침을 이용해 유방의 이상 조직 일부를 추출합니다. 이때 환자는 부분 마취를 해 검사가 진행되는 걸 느끼지 못합니다. 대부분의 경우 검사 후 곧바로 일상 생활을 할 수 있습니다.

- 수술을 통한 조직검사(Surgical Biopsy):수술을 통한 조직검사는 개방조직검사(open biopsy)라고도 불리며 유방암 발생 여부를 가장 정확하게 알 수 있는 방법입니다. 의사는 현미경을 통해 관찰하면서 혹의 일부나 전체를 떼내게 됩니다. 수술 뒤 작은 자국이 남을 수도 있습니다. 하지만 가슴 모양은 거의 변화지 않습니다. 수술을 통한 조직검사는 주로 수술실이 아닌 진찰실에서 간단한 방법으로 이뤄집니다.

2b. (state recommended exam)에 대한 더 많은 정보가 필요하십니까?

1 =아니오 (Go to Question No. 3)

2 =네?

*If “yes”, send patient a pamphlet regarding her recommended follow-up exam.*

*Indicate this in the Peer Counselor ‘To Do’ List at the end of the form.*

3. 어떤 여자들은 이러한 검사들에 대해 불안감을 느낄수도 있습니다.

혹시 (state recommended exam)나 당신이 받게 될 치료에 대해서 걱정되십니까?

1 =아니오 (Go to Question No. 4)

2 =네 (Go to Question No. 3a. and give Counseling Response based on Patient's Concern)

3a.당신이 들은 내용이나 혹은 경험한 것들 중에 당신으로 하여금 이 검사에 대해 걱정스럽게 만드는 것들이 있습니까?

(Specify)\_\_\_\_\_

**Possible Concerns and Counseling Response:** (Select those appropriate)

• **If worried about pain or discomfort from procedure:** 일부 여성들은 검사 과정이 약간 불편했다고 합니다. 하지만 대부분의 여성들은 그러한 불편함이 매우 짧았다고 얘기합니다. 당신은 검사를 받은 뒤 곧바로 정상 생활을 하실 수 있게 됩니다.

• **If embarrassed to have a mammogram:** 우리 역시 당신께서 느끼시는 당혹스러움을 충분히 이해하고 있습니다. 원하신다면 여성 X 레이 촬영자를 요청하실 수 있습니다. 그리고 상의는 허리부분까지만 벗으시면 됩니다. 그러나 촬영 시에는 상하가 분리된 치마나 바지를 입으시는 것이 좋습니다. 당신은 또한 X 레이 촬영자가 제공하는 가운을 입게 돼 검사 시간 대부분은 가운을 입은 채로 보내게 됩니다.

• **If worried about having a needle biopsy:** 바늘을 유방에 찔러 넣는다 해도 암은 발병하지 않으며 또한 암이 있다하더라도 전이되지는 않습니다.

• **If worried about the radiation from the mammogram:** 방사선에 지나치게 노출되는 것에 대해 걱정하시는 점 충분히 이해합니다. 하지만 최근 사용되는 유방암 X 레이 검사 기계는 과거에 비해 매우 안전해졌습니다. 검사를 통해 노출되는 방사선의 양은 매우 적습니다. 만약 안전하 않다면 의료 관계자들은 여성들이 1-2년에 한번씩 유방암 X 레이 검사를 받으라고 권유하지 않을 것입니다. 유방암 X 레이 검사가 암을 유발한다는 것은 전혀 사실이 아닙니다.

4. 검사를 받게 되면 어떤 심각한 문제를 발견하게 될 거라고 걱정하는 여성들이 있습니다.

당신도 이런 걱정이 있습니까?

1 = 아니오 (Go to Question No. 5)

2 = 네 (Specify and Go to Counseling Response) Specify: \_\_\_\_\_

**Counseling Response:**

• **If worried about finding cancer:** 암을 발견할 수도 있다는 걱정은 중요한 걱정들임에 틀림없습니다. 저도 (state recommended exam) 검사 결과 유방에 이상을 발견하는 것을 상상하는 것만으로도 얼마나 두려운 것인지 잘 이해하고 있습니다. 걱정을 하지 않는다고 유방에 있는 이상이 해결되는 것도 아닙니다.

그렇지만 유방암 검사/X 선 검사 결과 추가 검사가 필요하다고 해도 그것이 곧바로 암에 걸렸다는 사실을 의미하지는 않는다는 점을 명심하십시오. 추가 검사를 해보면 극히 소수만 암에 걸린 것으로 나타납니다. 그러나 검사를 확실하게 하기 위해서는 반드시 (state recommended exam) 을 해야겠습니다. 설혹 암이 발견된다하더라도 다른 부분으로 암이 확산되기 전에 즉시 치료를 시작할 수 있습니다.

• **Add this if patient has family member who had cancer and is worried about finding cancer:**

가족중에 누가 유방암을 앓은 적이 있다면 당신이 유방암에 걸릴 가능성은 더 높아집니다. 바로 이런 이유 때문에라도 당신은 꼭 (state recommended exam) 을 받으셔야 합니다.

5. 일부 여성들은 유방암 검사 결과 추가 검사가 필요하다는 결과가 나왔음에도 불구하고 자신들이 건강하다고 생각해 추가 검사를 받지 않는 경우가 있습니다. 이런 경우가 당신에게도 해당됩니까?

1 = 아니요 (Go to Question No. 6)

2 = 예 (Go to Counseling Response)

**Counseling Response:** 유방암을 가진 여성 가운데 증상이 전혀 나타나지 않은 경우도 있습니다. 암이 초기 단계인 경우에 더욱 그렇습니다. X선 검사는 유방의 조그마한 이상이라도 찾아낼 수 있는 장점이 있습니다. 추가 검사를 해보면 대부분 암이 아닌 것으로 판명되지만 확실하게 하는 것이 중요합니다. 암이 발견되는 경우에는 조금이라도 빨리 치료를 시작할 때 생존 가능성이 더 높아지기 때문이다.

6. 검사 비용을 걱정하는 여성들도 있습니다.

6a. 의료 보험을 갖고 계십니까?

1 = 아니요 (Go to Question No. 6b.)

2 = 예

If "yes", 갖고 계신 보험의 종류는 무엇입니까?

(Encircle the appropriate number for the answer in each of the following)

6a1. Private insurance (e.g. Prudential, Blue Cross) (1 = no; 2 = yes)

6a2. HMO (e.g. Kaiser, CIGNA, Maxicare, Healthnet) (1 = no; 2 = yes)

6a3. MEDI-CAL (1 = no; 2 = yes)

6a4. MEDICARE (1 = no; 2 = yes)

6a5. Other (specify): \_\_\_\_\_

6b. 검사 비용이 걱정되거나 혹은 궁금한 점이 있습니까?

1 = 아니요 (Go to Question No.7)

2 = 네 (Go to Counseling Response)

**Counseling Response:** 유방암 조기발견프로그램(BCEDP)에서 당신의 추가 검사 비용을 부담할 것입니다.

7. 어떤 여성들은 교통 문제나 가족들을 돌보느라 추가 검사 약속을 지키는데 어려움을 겪기도 합니다.

7a. 병원까지 가는 교통편에 불편함이 있습니까?

1 = 아니요

2 = 예

7b. 아이들을 돌봐줄 사람이 없어 추가 검사에 어려움이 있습니까?

1 = 아니요

2 = 예

7c. 집안의 어른들을 돌봐줄 사람이 없어 추가 검사에 어려움이 있습니까?

1 = 아니요

2 = 예

7d. 위 질문과 같은 문제점을 해결할 방법들을 생각할 수 있습니까?

1 = 아니요 (Go to Counseling Response then Proceed to Responses Based on Specific Problems)

2 = 예 (Go to Question No. 8)

**Counseling Response:** 유방암 검사/X 선검사 결과 추가 검사가 필요하다고 나왔기 때문에 추가 검사 약속을 잡는 것은 매우 중요합니다. 추가 검사가 필요하다는 것이 암에 걸렸다는 것을 의미하지는 않습니다만 의사가 추천하는 추가 검사를 받는 것이 중요합니다. 당신이 건강이 돌봐져야 한다는 점을 기억하십시오. 그것이 당신과 가족들에게 중요합니다.

**Responses Based on Specific Problems.**

Select appropriate response and encircle the answers that apply. Also indicate these in the Service Referral and Peer Counselor 'To Do' List at the end of the form.

7e. **If patient finds transportation expensive:** 당신과 당신 동료에게 추가 검사를 받을 수 있도록 (specify clinic site)까지 갈 수 있는 무료 버스/기차표를 제공해드릴 수 있습니다. 무료 버스/기차표를 드릴까요?

1 = 아니요 (Go to Question No. 7f.)

2 = 예

3 = 문제 없습니다. (Go to Question No. 7f.)

- If "yes", mail to the patient two round-trip bus/train tickets.

7f. **If patient does not know how to go to the clinic:**

7f1. (specify clinic site) 까지 가실 수 있는 약도를 드릴까요?

1 = 아니요 (Go to Question No. 7g.)

2 = 예

3 = 문제 없습니다. (Go to Question No. 7g.)

- If "yes", give patient directions to the clinic. Provide bus/train routes if necessary.

7f2. 약도와 (필요하다면) 버스/기차 노선을 우편으로 보내드릴까요?

1 = 아니요 (Go to Question No. 7g.)

2 = 예

3 = 문제 없습니다. (Go to Question No. 7g.)

- If "yes", mail to the patient directions to the clinic. Provide bus/train routes if necessary.

7g. *If patient needs special transportation services:* 집에서 병원까지 곧바로 올 수 있는 다른 교통편을 알아봐 드릴까요?

1 = 아니요 (Go to Question No. 7h.)

2 = 예

3 = 문제 없습니다. (Go to Question No. 7h)

- *If “yes”, refer the patient to appropriate transportation service.  
Refer to **Transport Services Brochure** for more information.*

7h. *If patient needs a companion to go to the clinic:* 병원에 함께 가자고 부탁할 만한 친척이나 친구, 혹은 이웃이 있습니까?

1 = 아니요

2 = 예 (Go to Question No. 7i.)

3 = 문제 없습니다. (Go to Question No. 7i.)

- *If answer is “no”, volunteer to accompany the patient to the clinic for her follow-up exam.*

7i. *If patient has problems with childcare or elder care:* 추가 검사를 받는 동안 집안 식구를 돌봐줄 친척이나 친구 혹은 이웃이 있습니까?

1 = 아니요

2 = 예 (Go to Item Nos. 7j. to 7m. and fill in all that apply)

3 = 문제 없습니다. (Go to Item Nos. 7j. to 7m. and fill in all that apply)

7i1. *If answer is “no”:* 추가 검사를 받는 동안 가족을 돌봐줄 아동보호/노인보호 서비스를 알아봐 드릴까요?

1 = 아니요 (Go to Item Nos. 7j. to 7m. and fill in all that apply)

2 = 예

3 = 문제 없습니다. (Go to Item Nos. 7j. to 7m. and fill in all that apply)

- *If “yes”, refer the patient to a child care/elder care service.*

*If appropriate, suggest other possible sources of help and offer to assist in making a referral.*

Indicate need for referral at the end of the form.

(Fill in all that apply)

7j. Referral made to community services \_\_\_\_\_

7k. Suggestions or counseling \_\_\_\_\_

7l. Follow-up needed \_\_\_\_\_

7m. Others, specify \_\_\_\_\_

8. 많은 여성들이 때때로 의사와의 약속을 잊어버리곤 합니다. 당신에게도 해당됩니까?

1 = 아니요 (Go to Question No. 9)

2 = 예 (Go to Counseling Response)

**Counseling Response:** 의사와의 약속을 기억하는데 도움이 될만한 방법들이 있을까요? 냉장고나 현관문에 날짜를 표시해 놓는 것은 어떻습니까? 이 검사는 당신의 건강을 보호하는 데 매우 중요합니다. 그러니 약속 시간을 절대 잊어버려서는 안됩니다.

8a. 검사 하루 전날 전화를 걸어 다음날이 추가 검사 날이라는 사실을 알려드릴까요?

1 = 아니요 (Go to Question No. 9)

2 = 예

■ If “yes”, make sure to call the patient one day before her scheduled follow-up appointment. Indicate this in the Peer Counselor ‘To Do’ List at the end of the form.

9. 어떤 여성들은 (specify clinic site) 과 문제가 있고 어떤 여성들은 의사나 간호사가 권유하는 것을 이해하지 못하거나 확신을 갖지 못할 수도 있습니다. 의사나 간호사, 병원 스태프들이 명확하게 설명하지 못하거나 당신이 사용하는 언어를 말하지 않을 때도 있습니다.

9a. 최근 병원을 방문했을 때 친절하게 대우받으셨습니까?

1 = 아니요

2 = 예

9b. 유방암 검사/X선 검사를 받은 병원에서 너무 오래 기다려야 했습니까?

1 = 아니요

2 = 예

9c. 언어 문제로 인해 의사나 병원 스태프와 의사소통하는 데 문제가 있습니까?

1 = 아니요 (Go to Question No. 9d.)

2 = 예

■ If “yes”: 다음 검사 때 통역해 줄 사람을 구해달라고 (clinic site) 측과 조정하겠습니다. Indicate this in the Peer Counselor ‘To Do’ List.

9d. 누군가가 당신이 궁금해하는 것에 대답해주었습니까?

1 = 아니요

2 = 예

3 = 궁금한 게 없었습니다.

9e. 의사나 간호사에게 질문하는 것이 어렵지는 않습니까?

1 = 아니요 (Go to Question No. 9f.)

2 = 예

■ If “yes”: Ask Question Nos. 9e1. to 9e3.

9e1. Would you like me to give you questions that you can ask your doctor or nurse regarding the mammography procedure being done at the (clinic site)?

1 = no (Go to Question No. 9e2.)

2 = yes

■ If “yes”: Give the patient sample questions on mammography. Refer to the pages 7-8 in the National Cancer Institute Brochure on “Questions to Ask Your Doctor About Breast Cancer”.

9e2. 의사나 간호사에 유방조직검사에 관해 물어볼만한 질문들을 드릴까요?

1 = 아니요 (Go to Question No. 9f.)

2 = 예

■ If “yes”: Give the patient sample questions on needle breast biopsy. Refer to the pages 9-10 in the National Cancer Institute Brochure on “Questions to Ask Your Doctor About Breast Cancer”.

9e3. 질문들을 우편으로 보내드릴까요?

1 = 아니요 (Go to Question No. 9f.)

2 = 예

If “yes”: Send a copy of these sample questions to the patient by mail.  
Indicate this in the Peer Counselor ‘To Do’ List.

9f. 지금 당장 질문할 게 있습니까?

1 = 아니요 (Go to Question No. 9g.)

2 = 예

if “yes”, specify: \_\_\_\_\_

9g. 이러한 문제들이 당신으로 하여금 의사의 추천을 실행하는 걸 힘들게 합니까?

1 = 아니요 (Go to Question No. 10)

2 = 예 (Go to Counseling Response)

3 = 문제 없습니다. (Go to Question No. 10)

**Counseling Response:** 그(러한)것들은 중요한 질문(들)이고 충분히 걱정할 만한 것(들)입니다. Answer the questions that you can with certainty. For questions about the clinic site or clinic staff that you cannot answer, refer the patient back to her doctor or to the clinic staff and reinforce that these concerns are important and that medical staff want to answer these questions. Indicate need for Systems Navigation under Service Referral at the end of the form. For other questions that you cannot answer, ask Dr. Angelo Jo and tell the patient that you will get back to her regarding the answer to her question.

10. 당신의 체류신분이 추가 검사를 받는 데 장애로 작용하고 있습니까?

1 = 아니요 (Go to Question No. 11)

2 = 예 (Go to Counseling Response)

**Counseling Response:** (clinic site) 과 유방암조기발견검사(BCEDP)의 목적은 혹시라도 있을지 모르는 가슴의 이상을 진단해, 필요하다면 체류 신분에 상관없이 치료하기 위한 것입니다. (clinic site) 과 BCEDP 는 당신이 검사받을 때나 추가 검진 받을 때 체류 신분을 묻지 않을 것입니다.



11. 어떤 여성들은 의사의 권유를 따르는 것보다 더 중요해 보이는 개인이나 가족과 관계된 어떤 문제들을 갖고 있습니다.

의사의 지시를 따르는 것을 어렵게 하는 특별한 문제가 있습니까?

1 = 아니요 (Go to Question No. 12)

2 = 예, specify: \_\_\_\_\_

11a. 이(러한) 문제들을 스스로 해결할 수 있다고 생각하십니까?

1 = 아니요 (Go to Counseling Response then fill in all that apply among Item Nos. 9b. to 9e.)

2 = 예 (Go to Question No. 12)

### **Counseling Response:**

• 추가 검진을 위해 의사와 약속을 잡는 것은 매우 중요한 일입니다. 유방방 검사/X선 검사 결과, 의사가 좀 더 자세한 정보를 필요로 하기 때문입니다. 추가 검사가 암을 의미하지는 않습니니만 유방을 좀더 자세히 검사하는 것이 필요합니다. 당신의 건강은 돌봐져야 한다는 점을 명심하십시오. 그것이 당신과 가족에서 중요한 일입니다.

• **Add if patient does not like to go to doctors:** 그런 느낌을 가지는 것은 당신 뿐이 아닙니다. 다른 사람들 역시 당신처럼 의사에게 가고 싶어하지 않습니다. 그러나 이렇게 한번 생각해 보신적 있습니까? 의사에게 가서 추가 검진을 받는 것이 문제를 조기에 발견해 치료하는 데 도움을 줄 수 있다고 말합니다. 문제가 심각해질 때까지 기다리게 되면 치료를 위해서 의사나 병원을 더 많이 찾아야 할 것입니다. 바로 이런 이유 때문에 추가 검진이 중요한 것입니다.

*If appropriate, suggest possible sources of help and offer to assist in making a referral.*

Indicate need for referral at the end of the form.

(fill in all that apply)

11b. Referral made to community services \_\_\_\_\_

11c. Suggestions or counseling \_\_\_\_\_

11d. Follow-up needed \_\_\_\_\_

11e. Others, specify \_\_\_\_\_

12. 추가 검진 스케줄을 잡는 데 어려움이 있습니까?

1 = 아니요

2 = 예

■ If “yes”: (clinic site) 에 전화를 걸어 편한 날로 추가 검진 일정을 재조정할 수 있는지 확인해보겠습니다.

*Ask the patient the days or dates that she is available for her follow-up exam.*

Indicate this in the Peer Counselor ‘To Do’ List at the end of the form.

■ If answer is “no”: 가능한 빠른 시일 내에 일정을 조정해 추가 검진을 받으십시오. 약속 날짜를 정하시는데 문제가 있다면 제가 다시 전화해 확인해드리겠습니다.

**Peer Counselor:** 이제부터는 당신의 건강 상태와 메디케어에 대해 질문하겠습니다.

13. 건강 검진을 위해 규칙적으로 찾아가는 의사나 병원이 있습니까?

1 = 아니요

2 = 예

14. (*give date of initial abnormal screen*)에 유방암 검사/X선검사를 받은 이유는 무엇입니까?

(Do **NOT** read list, but probe) (*Encircle the appropriate number for the answer in each of the following*)

14a. *Get one every year* (1 = 아니요; 2 = 예)

14b. *Family, friends, television suggested it* (1 = 아니요; 2 = 예)

14c. *Had pain* (1 = 아니요; 2 = 예)

14d. *Nipple discharge* (1 = 아니요; 2 = 예)

14e. *Lump in breast* (1 = 아니요; 2 = 예)

14f. *Doctor recommended* (1 = 아니요; 2 = 예)

14g. *Other, specify* \_\_\_\_\_

15. 유방암 X선 검사를 살아오시면서 몇번이나 받았습니까?

1 = One

2 = 2-5

3 = 6-10

4 = More than 10

16. 유방암 진단을 받은 적 있는 한인 여성을 알고 있습니까?

1 = 아니요

2 = 예

17. 어떤 여성들은 건강상의 문제로 의사의 권고를 따르는 데 어려움을 겪기도 합니다. 당신에게도 해당됩니까?

1 = 아니요

2 = 예

18. 전체적으로 볼 때 당신의 건강은:

1 = 탁월하다

2 = 아주 좋다

3 = 좋다

4 = 그런대로 괜찮다.

5 = 좋지 않다.

19. 1년 전과 비교해본다면 현재 당신의 건강은 전체적으로 어떻습니까?

1 = 훨씬 좋다

2 = 조금 나은 편이다.

3 = 거의 똑같다.

4 = 약간 나빠졌다.

5 = 훨씬 나빠졌다.

20. 아래 질병들 가운데 앓고 계신 것이 있습니까?

20a. 심장 질환  
1 = 아니요  
2 = 예

20b. 관절염  
1 = 아니요  
2 = 예

20c. 당뇨  
1 = 아니요  
2 = 예

20d. 뇌졸중  
1 = 아니요  
2 = 예

20e. 신장 질환  
1 = 아니요  
2 = 예

20f. 고혈압  
1 = 아니요  
2 = 예

20g. 기타 다른 앓고 계신 질병이 있습니까?  
1 = 아니요 ( Go to Question No. 21)  
2 = 예

■ If “yes”, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. 지난 30 일 동안, 일을 하거나 일상 생활 중에 건강상의 문제로 다음과 같은 문제들을 겪은 적이 있습니까?

21a. 일 또는 다른 활동을 하면서 보내는 시간을 줄였다.  
1 = 아니요  
2 = 예

21b. 원하는 것보다 적게 성과를 올렸다.  
1 = 아니요  
2 = 예

21c. 일이나 활동의 종류가 제한적이었다.  
1 = 아니요  
2 = 예

21d. 일이나 활동을 완성하는 데 어려움이 있었다. (가령, 더 많은 노력이 필요했다든지)

1 = 아니요

2 = 예

22. 원인모를 고통/증상으로 고생하고 계십니까?

1 = 아니요 (Go to Question No. 23)

2 = 예, specify: \_\_\_\_\_

23. (가족이나 친구 가운데) 걱정을 털어놓고 도움 받을 만한 사람이 있습니까?

1 = 아니요

2 = 예

**SERVICE REFERRAL:**

*If a referral for systems navigation or community service or other referrals is(are) indicated, read the following response. Check appropriate box or fill-in the blanks.*

**Counseling Response:**

당신이 의사의 권고를 따르는 데 지장이 있을만한 몇가지 문제들에 대해 논의했습니다. 당신이 필요한 도움을 적당히 받았는지 다시 전화 하여 확인 하겠습니다.

From \_\_\_\_\_ Systems Navigation   
 Health care provider       Clinic Staff

From \_\_\_\_\_ Community Service   
 Paratransit services       Taxi service  
 Other transportation services: \_\_\_\_\_  
 Child care service       Elder care service

From \_\_\_\_\_ Other Referral(s)

From \_\_\_\_\_ Other Referral(s)

From \_\_\_\_\_ Other Referral(s)

**PERSONAL RECORD:**

인터뷰를 끝마치기 전에 개인 정보가 정확한 지 다시 확인하겠습니다.

24. 생일이 언제입니까? (mo/day/yr): / /

25. 어디서 태어나셨습니까?

1 = 미국 (Go to Question No. 26)

2 = 한국

3 = 기타, specify: \_\_\_\_\_

25a. 미국에 몇년동안 사셨습니까? \_\_\_\_\_ (yrs)

26. 주로 사용하시는 언어는 무엇입니까?

1 = 영어

2 = 한국어

3 = 영어, 한국어 모두(이중언어자)

4 = 기타, specify: \_\_\_\_\_

27. 결혼 여부에 대해 여쭙보겠습니다. 당신은 결혼은--?

1 = 결혼했습니다.

2 = 이혼했습니다.

3 = 별거중입니다.

4 = 사별했습니다.

5 = 결혼하지 않았습니다.

28. 최종 학력이 어떻게 됩니까?

1 = 8 학년 이하

2 = 8-11 학년

3 = 고등학교 졸업

4 = 고등학교 후, 무역 또는 기술학교

5 = 대학 1-3 학년

6 = 대학교 졸업

7 = 대학원 입학 또는 학위 취득

29. 고용 상태에 대한 질문입니다. 당신은 ---입니까?

1 = 임금노동자

2 = 자영업자

3 = 무직

**CLOSING STATEMENT:**

당신과 인터뷰하는 동안 즐거웠습니다. 당신에게도 유익한 대화였기를 바랍니다. 오늘 얘기한 것을 실천하기 위해 다시 전화하겠습니다. 언제가 가장 편한 시간입니까?

*Set the date and time of your next phone call appointment with the patient.*

다음 전화 약속 날짜는 (day), (mo/day/yr)     /    /         :     am/pm로 하겠습니다. 다시 얘기하기를 기대합니다. 전화번호가 바뀌게 되면 저에게 전화를 걸어 알려주시면 고맙겠습니다. 저의 이름은 \_\_\_\_\_이며 ( ) \_\_\_\_\_로 연락하시면 됩니다.

**PEER COUNSELOR 'TO DO' LIST**

*Check or fill in all that apply*

1. Contact (clinic site) regarding:

- Why patient says she has no follow-up appointment
- Provision of interpreter for patient's appointments
- Scheduling of patient's follow-up exam

Patient's preferred days and dates: \_\_\_\_\_

Day, Date and Time of follow-up exam scheduled at (clinic site): M T W Th F Sat

(mo/day/yr):     /    /     at (time)     :     am/pm

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

## 2. Mail to patient the following:

- Educational materials on (follow-up exam)
- Two round-trip bus/train tickets
- Map of the (clinic site)
- Directions to the clinic
- Bus routes
- Train routes
- Sample questions that patient can ask her doctor

**PEER COUNSELOR 'TO DO' LIST** *(continued)*

Check or fill in all that apply

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

Others, specify: \_\_\_\_\_

3.  Accompany patient to her follow-up exam on (date of follow-up exam) at (clinic site).

4.  Call patient to the day before her follow-up exam on (date of follow-up exam) at (clinic site).

5. Others: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Adapted from the Screening Adherence Follow-up Program (SAFe). References for some of the counseling barriers: (1) Davis NA, Lewis MJ, Rimer BK, et al. Evaluation of a phone intervention to promote mammography in a managed care plan. *Am J Health Promot* 1997; 11:247-9. (2) Breast lumps: a guide to understanding breast problems and breast surgery. San Bruno, CA: The Staywell Company, 1998.