



NEW CLIENT SURVEY

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF CANCER PREVENTION AND CONTROL

SFN 59896 (5-2011)



County of Residence: _____

Enrollment Date: _____

How did you hear about *Women's Way*?

Check all that apply:

<input type="checkbox"/> Family/Friend	<input type="checkbox"/> <i>Women's Way</i> Volunteer
<input type="checkbox"/> Medical Staff at: _____	<input type="checkbox"/> Ambassador card received from: _____
<input type="checkbox"/> Community Resource Coordinator	<input type="checkbox"/> Banner seen at: _____
<input type="checkbox"/> Mammography / X-ray Staff	<input type="checkbox"/> Brochure picked up at: _____
<input type="checkbox"/> Public Health Staff	<input type="checkbox"/> Display booth seen at: _____
<input type="checkbox"/> Social Services Staff	<input type="checkbox"/> Tear-off poster seen at: _____
<input type="checkbox"/> Self	_____
<input type="checkbox"/> American Cancer Society referral	<input type="checkbox"/> Poster seen at: _____
Advertisement (check all that apply):	<input type="checkbox"/> Screening event at : _____
<input type="checkbox"/> TV	<input type="checkbox"/> website
<input type="checkbox"/> Radio	<input type="checkbox"/> mailing
<input type="checkbox"/> Newspaper	<input type="checkbox"/> magazine
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Community event at: _____
	<input type="checkbox"/> Other: _____

Has a doctor ever told you to get a mammogram?

yes no I don't remember

If you have not had a mammogram in the last 2 years, please check why not:

<input type="checkbox"/> No breast problems or symptoms	<input type="checkbox"/> High cost
<input type="checkbox"/> Lack of insurance coverage	<input type="checkbox"/> Discomfort
<input type="checkbox"/> I am worried about radiation	<input type="checkbox"/> Fear of results
<input type="checkbox"/> I am not familiar with mammography	<input type="checkbox"/> I am too young
<input type="checkbox"/> I do not know	<input type="checkbox"/> I am too busy
<input type="checkbox"/> Other: _____	<input type="checkbox"/> No doctor in area
	<input type="checkbox"/> No breast cancer in family

If you have not had a Pap test in the last 3 years, please check why not:

<input type="checkbox"/> No cervical problems or symptoms	<input type="checkbox"/> High cost
<input type="checkbox"/> Lack of insurance coverage	<input type="checkbox"/> Discomfort
<input type="checkbox"/> I am not familiar with Pap tests	<input type="checkbox"/> Fear of results
<input type="checkbox"/> I do not know	<input type="checkbox"/> I am too young
<input type="checkbox"/> I have had a hysterectomy	<input type="checkbox"/> I am too busy
<input type="checkbox"/> Other: _____	<input type="checkbox"/> My doctor told me I did not need it
	<input type="checkbox"/> No doctor in area

Comments: _____

Thank you for completing this survey!