Appendix 1 - Questionnaire for Baseline Survey

Sociodemographic Details

Please tick all the participants

"Required"

1. Name of the participant (optional)

2. Age in years: *

3. City of Residence: *

Mark only one oval.

- Mumbai
- Navimumbai
- Thane
- Navimumbai(Rural)

5. Level of education*

Mark only one oval.

- Illiterate
- Postgraduate

6. Is there any case of your family members have a medical background *

Mark only one oval.

- Yes
- No

7. Have you ever visited a doctor for sex breast symptoms? *

Mark only one oval.

- Yes
- No

8. Have you ever been diagnosed with breast cancer? *

Mark only one oval.

- Yes
- No

9. If yes, we are sorry to hear that. As this questionnaire and study is about breast cancer awareness, do you wish to continue participation in the study? *

Mark only one oval.

- Yes, I would like to stay here and valued my response.
- No

10. Do you have any family members who are diagnosed with breast cancer? *

Mark only one oval.

- Yes
- No

11. If yes, what is your relationship with the family member who has been diagnosed with breast cancer?

Check all that apply.

- Mother
- Sister
- Cousin
- Aunt
- Friend mother
- Distant relative
- Others (please specify)

Section on Assessment of Knowledge

This section aims to assess the level of knowledge of participants with respect to breast cancer awareness and breast self-examination.

12. Have you heard of Breast Cancer? *

Mark only one oval.

- Yes
- No

13. If yes, what is your source(s) of information?

Click on all that apply.

- Books/Printed material
- Social media platforms (Facebook, Whatsapp, Instagram, Linkedin etc.)
- Lectures/Conferences/Seminars/Awareness meetings etc.,
- In person Conversations with friends or family
- Medical professionals or Hospitals
- Others(please specify)

14. Do you think breast cancer is common in India? *

Mark only one oval.

- Yes, very common but only in rural areas
- Yes, very common but only in urban areas
- Yes, very common in both urban and rural areas
- I sometimes but does not want to admit
- Other

15. Can you think breast cancer can occur in males? *

Mark only one oval.

- Yes, it is a disease of women
- No, males cannot develop breast cancer

16. Which of the following do you think can be factors that can increase risk of breast cancer? *

Click on all that apply.

- Smoking
- Having a past history of Breast cancer
- Having a close relative who had breast cancer
- Having children at a later age
- Having children at a older age
- Not having children
- Having a late menopause
- Smoking
- Alcohol intake
- Consuming fatty foods alone
- Using Hormone replacement therapy
- Living and consumption oily ,birth control pills for longer duration
- Others(please specify)

17. Which of the following do you think can be the symptoms of breast cancer? *

Click on all that apply.

- Changes in thickening or size of the breasts or armpits
- Breast pain or tenderness, Pain in the breasts or armpits
- Changes in the skin of breast or nipples
- Changes in shape of breast or nipples
- Redness or rash of skin over breast
- Nipples pain or nipple discharge other than normal breast milk
- Dimpling or puckering of skin and/or breast
- Inversion of nipple
- Others(please specify)

18. Do you think earlier detection of breast cancer will lead to improved outcomes? *

Mark only one oval.

- Yes
- No

19. Most of the following modalities are useful for earlier detection of breast cancer? *

Click on all that apply.

- Breast self examination by ourselves
- Clinical breast examination by medical professionals
- Mammography
- Ultrasound scan, which age group can be affected from breast cancer

20. Do you know breast cancer can sometimes be inherited (transmitted from one generation to another, eg. parents to children? *

Mark only one oval.

- Yes
- No

21. If your answer to the above question is yes, which parent side can cause such an inheritance or transmission? *

Mark only one oval.

- Mother
- Father
- Both mother and father

22. Have you heard or read about breast self-examination?

Mark only one oval.

- Yes
- No

23. If yes, what are your source(s) of information?

Click on all that apply.

- Books/Printed material
- Social media platforms (Facebook, Whatsapp, Instagram, Linkedin etc.)
- Lectures/Conferences/Seminars/Awareness meetings etc.,
- In person Conversations with friends or family
- Medical professionals or Hospitals
- Others(please specify)

24. Have you learnt how to do breast self-examination? *

Mark only one oval.

- Yes
- No

25. If no, from where/ whom have you become the technique to perform breast self-examination?

Click on all that apply.

- My Doctor
- Workshops/ community health worker
- My Parents
- My Teachers
- Friends
- I will taught by reading or watching various resources available online/offline
- Others (please specify)

26. At what age should breast self-examination start? *

Mark only one oval.

- From childhood
- From puberty
- From 20 years
- From 30 years
- From 40 years
- From Menopause
- Others (please specify)

27. When should you stop/ has often should breast self-examination be done? *

Mark only one oval.

- Yearly
- Monthly
- Fortnightly
- Weekly
- Daily
- Others (please specify)

28. What do you think is the most appropriate time to do breast self-examination? *

Mark only one oval.

- Before onset of menstrual cycle
- During menstrual flow
- After the end of menstrual cycle
- The week after your period/ovulation are over
- Only during Breastfeeding
- Only during pregnancy
- Others (please specify)

Section on Assessment of Attitude

This section aims to assess the attitude of participant with respect to various aspects of breast cancer awareness and breast self-examination.

29. Do you think periodic self-examination of breasts can help in detecting breast cancer at an earlier stage? *

Mark only one oval.

- Yes
- No

30. Do you think breast examination by medical professionals (clinical breast examination) after 25 years of age should be done at a regular interval? *

Mark only one oval.

- Yes
- No

31. If you develop any breast symptoms or find a change in your breast while performing breast self- examination, how likely is it that you will visit a medical professional for help? *

Mark only one oval.

- I will definitely visit the doctor as soon as I find the change or symptom
- I can't decide to visit a doctor, depending upon my schedule, and it may be delayed by a month or even more
- I will not visit a doctor because I am scared that I may be diagnosed with breast cancer, and I am not concerning or alarming
- I will get an ultrasound done myself and visit a doctor if there is something alarming/concerning in the report
- I will get a mammogram done and visit a doctor if there is something alarming/concerning in the report

32. If you decide to visit a medical professional for any breast symptoms or any change noticed by you in the breast while performing breast self-examination, which medical professional will you visit for consultation? *

Mark only one oval.

- Surgeon
- Physician
- Others (please specify)

33. Do you think breast self-examination is important in the absence of any breast symptoms? *

Mark only one oval.

- Yes
- No

SECTION ON ASSESSMENT OF PRACTICES

This section aims to assess the practice of breast self-examination in study participants with respect to earlier detection of breast cancer related changes.

34. Do you practice breast self-examination? *

Mark only one oval.

- Yes
- No

35. If no, why not?

Mark only one oval.

- I took of time to perform it
- I don't know how to perform it
- I notice about the way to perform it
- Don't think it will be helpful
- I am scared to perform it
- Others reasons (please specify)

If you perform breast self-examination, please answer the following questions:

37. Since how long have you been doing breast self-examination?

Mark only one oval.

- Less than 3 months
- 3 to 6 months
- 1 to 2 years
- More than 2 years

38. How often do you perform breast self-examination?

Mark only one oval.

- Once in a month
- Once in 3 months
- Once in 6 months
- Once a year
- Others

39. How much time does it take for you to complete breast self-examination?

Mark only one oval.

- Less than 5 minutes
- 5 to 10 minutes
- More than 10 minutes

40. Do you perform breast self-examination in the presence of any female?

Mark only one oval.

- Yes
- No
- Sometimes

41. Do you perform breast self-examination with the following technique?

Mark only one oval.

- Standing in the shower
- Looking at the breast directly without a mirror
- Looking at the breasts standing in front of a mirror
- Looking at the breasts with your fingers alongside inspection done directly without a mirror
- Feeling the breast with your fingers alongside inspection while standing in front of a mirror
- Looking at the breasts standing in front of a mirror followed by feeling them with your fingers while lying down.

42. Do you include looking or feeling the area of your armpits as well while performing breast self- examination?

Mark only one oval.

- Yes, I look at it while standing in front of mirror
- Yes, I look at it while standing in front of mirror and that I with fingers as well
- I don't include the armpits in my breast self-examination
- I don't even include the armpits while doing the breast self-examination

43. How you ever noticed any abnormality in your breast/axilla while performing breast self-examination, what did you do about it?

Mark only one oval.

- I noticed a doctor and got it evaluated
- I put on opinion from a family member or friend
- I did nothing as I considered it to be harmless
- I Read about it from internet and felt it is normal

QUESTIONNAIRE FOR FOLLOW UP SURVEY

SOCIODEMOGRAPHIC DETAILS

Note details of the participants

"Required"

1. Name of the participant (optional)

2. Age in years: *

3. City of Residence: *

4. Marital status*

Mark only one oval.

- Unmarried
- Married
- Divorced/Separated

5. Level of education*

Mark only one oval.

- Illiterate
- Postgraduate

6. Is there any case of your family members have a medical background *

Mark only one oval.

- Yes
- No

7. Have you ever been diagnosed with breast cancer? *

Mark only one oval.

- Yes
- No

8. If yes, we are sorry to hear that. As this questionnaire and study is about breast cancer awareness, do you wish to continue participation in the study? *

Mark only one oval.

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- No

9. Do you have any family members who are diagnosed with breast cancer? *

Mark only one oval.

- Yes
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10. If yes, what is your relationship with the family member who has been diagnosed with breast cancer?

Check all that apply.

- Mother
- Sister
- Cousin
- Aunt
- Friend mother
- Distant relative
- Others (please specify)

11. Have you ever undergone any breast examination subscribed for the purpose of the study, accessed any online or offline information regarding breast cancer or breast self-examination apart from the video module provided by us? *

Mark only one oval.

- Yes
- No

12. If yes, which source of information did you access?

Click on all that apply.

- Books/Printed material
- Electronic Media (Radio, TV, Social media Facebook, Instagram, youtube etc.)
- Lectures/Conferences/Seminars/Awareness meetings etc.,
- Medical professionals or Hospitals
- Others(please specify)

13. Have you ever undergone any video-based modules about breast cancer that was shared online to you as a part of this study once or twice per week within the span of two weeks?

Mark only one oval.

- Yes
- No

SECTION ON ASSESSMENT OF KNOWLEDGE

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