

Mobile Health Outreach Program Survey

Date: _____

Your community has many women that are uninsured and underinsured. For that reason, we write and receive grants in order to serve them. By answering these questions, you are helping women get a screening mammogram that may save their life. Thank you for your help!

Please fill in or circle answers below.

1. Age: _____
2. Your ethnicity: a. Non-Hispanic or Non-Latino b. Hispanic or Latino
3. What is your race:
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or other Pacific Islander
 - e. White
 - f. Other
4. What County do you live in? _____
5. Would you consider where you live to be rural?
 - a. Yes b. No
6. Is this your first time to receive a mammogram from CHI Memorial?
 - a. Yes b. No
7. Number of years since your last breast screening:
 - a. Less than 2 yrs.
 - b. Between 2 and 5 yrs.
 - c. More than 5 yrs.
 - d. This is my first mammogram.

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