

March 10, 2015

To: World Journal of Clinical Oncology Editor and Reviewers

Dear colleagues,

In this document, the authors of manuscript #16153 respond to the observations and suggestions of the manuscripts two reviewers. We are using indented bullets and highlighting to make clear the distinction between reviewer comments and our responses. We are grateful for your attention, comments and critiques. Responding to all of these has notably improved our manuscript.

Yours sincerely,



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Reviewer 00742368 (the 2nd reviewer)

Introduction

Items 1 and 2 are almost the same.

- We are unable to understand what "items" the reviewer is referring to and, therefore, have not made revisions in light of this comment.

Methods

The main problem with the survey is the recruitment. It includes women who are coming for breast cancer screening (approximately 1/2 of the respondents) and men/women in the vicinity and data was lumped together although it should be obvious that the knowledge, attitude....are different in these 2 subcategories. The focus group used to test the questionnaire is a more representative category of people to be surveyed than the actual sample utilized.

- We have made explicit the pooling of data from the open-ended responses in this report (see highlighted text on manuscript page 9: "In reporting these data we have pooled responses from all surveyed participants - those interviewed in the health centers and those interviewed in the communities served by the health centers - because in preliminary analyses the distributions of opinions from these two samples were not different."). As the reviewer correctly observes, the responses to the two open-ended questions might have been expected to be different in these two subpopulations, but they were not, perhaps because of the nature of the questions themselves. By design, one of the questions asked respondents to report on opinions they have 'heard from others' (see new text citing the open-

ended questions on page 8). In this context, they might have been thinking about their own beliefs but were also reporting on the beliefs of others. Survey researchers have suggested that reporting on the beliefs of 'others' is often a good technique for eliciting information of a potentially sensitive nature from respondents about their own beliefs as well as those of people they know.

Systematic random sampling should be clarified. How was the sample selected? Also the total number surveyed, how was the final number reached?

- We appreciate an opportunity to clarify the sampling strategies and how the final sample size was reached. As new text explains (pp. 8 bottom-9 top), the total number of respondents was the result of our trained research assistants working as hard and as fast as they could to interview mass screening day attendees and inhabitants along access roads leading to the health centers. Willingness on the part of participants was not limited, but because each of the survey days involved bus travel from Eldoret to the study community, the research assistants had to terminate interviews, both at the screening day and in the communities to 'catch the bus' back to town. In the health center sample, attendees were given the option to be interviewed after completing an informed consent document. If attendees wished to skip the interview and proceed directly to clinical breast examination, this was their choice. Forty-eight percent (594) of all attendees agreed to the BCAM interview. In the community surveys, research assistants were dispatched in groups of 2 or 3 and walked or were driven to specific locations within the administrative units of the district served by the health center. From these drop-off points the interviewers chose the first household at random, after which they would proceed to every third household until they reached the target sample size for the day (or the transport back was ready to depart).

The survey questionnaire should be included in the manuscript especially that it includes open ended questions.

- As noted above, we have cited the open-ended questions in the new text (pg. 8). We will embed the larger BCAM itself to this document (annex 1).

How many were approached and refused to participate, % respondents is not clear.

- We are able to estimate the percent response rate in the health center screening event (about 48% of total attendees), but are not able to estimate a response rate from the community surveys, since we did not ask the research assistants to record the number of households approached that declined participation in the survey. Even if we had this information (household entries denied) we would not know the number of eligible occupants in each home and would not be able to calculate a response rate among potential eligibles.

The total population in each of the selected location should be mentioned.

- Thanks for this observation. We have census data estimates for the number of women in each community who we think are the primary targets for CBE screening for secondary prevention - 45,187 women above age 45 years residing in the catchment areas of the three health centers (estimates from the last National Census in 1999). In this context, the special screening days are reaching only a small fraction of the population who might benefit from CBE. This observation seemed far afield from the discussion of the present manuscript, so it was not included. It does reveal why we are eager to development better and more effective public education programs.

Results

Table 1-the % mentioned is the horizontal % although the vertical % is more informative. this makes comparison of groups impossible with respect to demographics since the total number surveyed in each locale is different.

- Thanks for this suggestion. We have reformatted Table 1 to make these comparisons easier.

Table 2-The total number of responses is mentioned not the total number of individuals, this is a major statistical error since the responses are not independent when they come from the same individual.

- We appreciate this comment and debated this matter within our team before submission of the manuscript. We have reformatted Table 2 (and Table 3) to make them easier to read and more explicit about the 'units' being counted. In the case of Table 2, we combined data for those who had no response to the causality question and those who declined to respond (for reasons we did not ascertain). While this distinction was important to us in overseeing the survey data, it might have been unimportant or even confusing to readers. This combined line makes it clear that more than half the respondents (52.5%) had no information about causality to offer the interviewer. This also means that the remainder of the codable statements came from 513 people ($1335-822=513$). Subtracting the 822 'no information reported' from the 1566 total opinions, means that 744 opinions cam from 513 respondents, or about 1.5 opinions apiece. We agree that individuals did, in fact, have multiple opinions. The point of the Table 2 display is not so much to count heads but to display the variation in beliefs and perceptions and their prevalence. Since our aim was to create an evidence-based foundation for educational programming, we hoped to use this display to create educational content blueprints (see Discussion new first paragraph (pg. 12).

Discussion

The authors dwell on the source of information, although this is not an item in the survey (which should have been included). Also the authors discuss at length alternative medicine though it is unknown from the manuscript what % will use alternative medicine if breast cancer is diagnosed

- We appreciate these comments and have tried to clarify why we have emphasized data source in additions to the discussion (pp. 12-15). We agree that we have not presented meaningful data on use of complementary/alternative medicines in Kenya and have, therefore, deleted this content in the discussion.

Apparently, such a survey has been previously conducted and a WHO action plan was instituted. A better survey would be the impact of implementing that strategy on breast cancer knowledge rather than readdressing the lack of knowledge.

- We apologize if our text misled the reviewer. The Kenya cancer control plan was modeled after a WHO cancer control document, but there has been no survey conducted of 'facts on the ground.' Part of the rationale for the present report is to highlight the absence of a substantive public health education component to the Kenya strategic document. We do think that pointing out lack of knowledge is relevant to developing such a component.

This survey is of interest to the local community and it cannot be generalized to other populations. In fact, one may question the validity of such a survey when the answer in a big % of the population is "I do not know" for each aspect surveyed. Are we here stating the obvious?

- We agree that the specific content of the present study has its greatest relevance to cancer control strategies in Kenya and have stated as much in the study limitations paragraph (pg. 14 last paragraph). As our discussion establishes, however, Kenya appears not to be alone in this regard. We also hope that we have demonstrated a survey strategy not often employed (the use of open-ended questions), an efficient rapid assessment technique that may more familiar to social scientists than survey researchers or ministry of health personnel. Finally, we believe that demonstrating that respondents were so ill-informed that they had nothing to say about breast cancer beliefs is an observation of relevance to health education campaigns.

Reviewer #1.

The manuscript by Naanyu V, et al. presents an important study exploring breast cancer awareness, knowledge and practices in western Kenya. According to the results of a survey of people's knowledge and beliefs concerning breast cancer, the authors

found significant ignorance and misperceptions.

- We thank the reviewer for these comments.

Major comments:

1. What percentage of the subjects participated in this survey? The authors should include this information in the Results section.

- Please see new text in the results section, pp. 8-9, and response to reviewer #2's question "How many were approached and refused to participate?" above.

2. In Table 1, the percentages are given, and numbers are noted in parentheses. In contrast, the percentages are written in parentheses in Tables 2 and 3. Is there any reason to present these data in different ways? If not, the results should be presented in the same way in all Tables.

- We have reformatted Table 1 to make community-community comparisons easier to appreciate. Tables 2 and 3 have also been reformatted and an explanation for why we are more focused on the prevalence of opinions and perceptions than people has been articulated above, in response to reviewer #2's comment on Table 2.

ANNEX 1.

E: THE KENYA BREAST CANCER PROJECT BCAM SURVEY

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Participant ID number

Script and response sheet for the Breast Module of the Cancer Awareness Measure (B-CAM)

This B-CAM was developed by Cancer Research UK, King's College London and University College London in 2009. Additional questions have been included to complement the questionnaire for local contexts.

Interviewer Instructions

1. Please read aloud each question to the man or woman (participant) in exactly as it is written
2. If a participant asks for more details or help, please say that for the purposes of the study you cannot give any prompts or explanations (other than those described), tell him/her that we are interested in his/her own thoughts and beliefs and if necessary repeat the question.
3. You may say that you can discuss queries once the interview is complete (if appropriate to the study design).
4. Do not return to a previous question.
5. Do not allow the participant to read the questions on this form. Use a clipboard to hold the questionnaire for the interview.
6. It is possible to record the response as "refused". Record 'refused' when the man or woman actively chooses not to respond.
7. All instructions to you are provided in bold italics e.g *Please write down all of the warning signs and symptoms of breast cancer that the participant mentions.*

1. *Please circle the item to indicate if the interview was administered in a health care setting, a home setting or elsewhere.*

- Health service setting (clinic or hospital)
- Home setting
- Other (Please describe)

2. *Please circle one response to indicate which language was used to administer the interview.*

- English
- Kiswahili

E: START OF INTERVIEW

INTRODUCTION

Thank you for participating in this interview. We are asking people these questions to find out more about breast cancer awareness. The whole interview should take around 30-40 minutes. It is not a test. We are interested in your thoughts, opinions, and beliefs so please answer the questions as honestly and as completely as you can, whether or not you are confident in your answers. All your answers will be treated as strictly confidential. I am unable to answer questions during the interview, but there will be time at the end to discuss any questions you might have. I cannot go back to a question that has already been asked as we are interested in your first response and later questions may give clues to the right answers.

MWANZO WA MAHOJIANO

UTANGULIZI

Asante sana kwa kushiriki katika mahojiano haya. Tunawauliza watu maswali haya kupata kujua kuhusu ufasaha au ufahamu wa saratani ya matiti. Mahojiano yote yatachukua kati ya dakika 30 (thalathini) hadi 40 (arubaini). Hii sio mtihani. Tungependa kujua mawazo, maoni na imani yako. Kwa hivyo jibu maswali haya kwa uaminifu na pia kwa ukamilifu, jinsi unavyoweza. Hata ikiwa hauna imani vilivyo katika majibu yako. Majibu yako yote yatachukuliwa kwa kibinafsi na kwa kisiri. Sina uwezo wa kuyajibu maswali wakati wa mahojiano lakini kutakuwa na muda baada ya mahojiano kwa maswali yoyote utakayokuwa nayo. Sitayarejelea maswali ambayo nishayauliza kwasababu tuna haja na jibu lako la kwanza. Swali likirejelewa laweza kukuelekeza kupeana jibu lililo sahihi.

DEMOGRAPHIC QUESTIONS

E: Let's begin with some easy questions for us to record some facts about you.

S: Wacha tuanze na maswali rahisi ambayo yatatusaidia kunakili mambo machache kukuhusu.

3. E: Gender: Male.....Female.....
S: Jinsia: Mwanamke.....Mwanamke.....
4. E: How old are you?
.....D.O.B..... Don't Know Refused
S: Una miaka mingapi?
.....Tarehe ya kuzaliwa.....Hajui.....Amekataa.....
5. E: How many biological children do you have?
S: Je, umezaa watoto wangapi?.....
6. E: How many siblings (brothers and sisters) do you have?
S: Una ndugu na dada wangapi?.....
7. E: Are you married/single/separated/divorced/ widowed? (circle one)
S: Umeolewa/bado/mlitengana/talaka ama wewe ni mjane? (tia mviringo kwa mojawapo)
8. E: What kind of work do you do? (write in response)
S: Unafanya kazi gani?..... (andika jibu)
9. What is your highest level of education?
 None
 Primary/Elementary
 Secondary
 Tertiary College
 University Bachelors
 University Masters
 PhD/Doctoral
- S: Kiwango chako cha juu zaidi cha masomo ni kipi?
 Sikupata masomo yoyote
 Shule ya msingi.
 Shule ya sekondari.
 Chuo (college)
 Chuo kikuu shahada ya kwanza
 Chuo kikuu shahada ya masters
 Chuo kikuu Shahada ya PhD
10. E: If a woman: a) Are you still having Menses? Yes..... No..... Refused.....
S: Kama ni mwanamke- a) This should read 'Je, bado unaona damu yako ya mwezi?'
Ndio.....La.....Amekataa kujibu.....
11. E: If Yes, b) When was your last menstrual period? Dates Refused.....
S: Ikiwa ndio, b) Ni lini ulipata siku zako za mwezi mwisho?
Tarehe..... Amekataa kujibu.....
12. E: When you go to get health care, what is your usual means of transportation?
 Walking
 Matatu
 Car

Ndio/La/Sijui/Amekataa kujibu

19. E: Has anyone in your family had breast cancer? **Yes/No/ Don't know/ Refused to answer**

S: Je, kuna yeyote katika familia yenu amewahi athiriwa na saratani ya matiti?

Ndio/La/Sijui/Amekataa kujibu

20. E: If yes, who?

S: Ikiwa ndio, nani?.....

E: DOMAIN 1 KNOWLEDGE OF SYMPTOMS

21. E: First of all, in your opinion what are some of the early warning signs of breast cancer, the ways in which one may know first that s/he has this condition?

Prompt "anything else?" until the participant can think of no more warning signs or symptoms. If a participant says he/she does not know or cannot think of any signs or symptoms for breast cancer please prompt with "Are you sure?" and if necessary "Take a minute to think about it".

Please write down all of the warning signs and symptoms of breast cancer that the participant mentions in the box below

S: SEHEMU YA KWANZA; UFAHAMU KUHUSU DALILI

Kwanza kabisa, kwa maoni yako ni, dalili gani za mapema zinazotahadharisha kuhusiana na saratani ya matiti? Yani njia ambazo mtu anaweza kutambua mapema kuwa anaugua huu ogonjwa?

E: Now, can you tell me whether you think any of these are warning signs of breast cancer or not?

Do not prompt. If the participant asks for explanation, please read out the relevant instructions provided.

S: Sasa tafadhali nielezee kama unafikiri kuwa baadhi ya maelezo haya ni dalili ya saratani ya matiti au la?

E: Tick the appropriate boxes S: Sahihisha kijisanduku kinachohitajika	Yes Ndio	No La	Don't know Sijui	Refused Amekataa
<p>22. E: Do you think a change in the position of your nipple could be a sign of breast cancer? <i>Explanation: Such as pointing up or down or in a different direction to normal</i></p> <p>S: Je unafikiri kubadilika kwa sehemu ya chuchu ya titi lako yaweza kuwa dalili ya saratani ya matiti? <i>Maelezo: Kwa mfano chuchu kuangalia juu ama chini ama kuangalia sehemu nyingine tofauti isiyo kawaida.</i> <i>NB: Use the labeled picture of the breast as necessary</i></p>				
<p>23. E: Do you think pulling in of your nipple could be a sign of breast cancer? <i>Explanation: Where the nipple no longer points outwards, but into the breast</i></p> <p>S: Je, unafikiri kuingia ndani kwa chuchu ya titi lako yaweza kuwa dalili ya saratani ya matiti? <i>Maelezo: Wakati chuchuhaitokei inje bali inabaki ndani ya titi.</i></p>				
<p>24. E: Do you think pain in one of your breasts could be a sign of breast cancer?</p> <p>S: Unafikiri uchungu ndani ya mojawapo ya matiti yakoyaweza kuwa dalili ya saratani ya matiti ?</p>				
<p>25. E: Do you think puckering or dimpling of your breast skin could be a sign of breast cancer? <i>Explanation: Like a dent or orange peel appearance.</i></p> <p>S: Je, unafikiri kujikunjakunja kwa ngozi ya titi lako isiyo ya kawaida au mashimo madogomadogo kwenye titi yaweza kuwa dalili ya saratani ya matiti? <i>Maelezo: Kama shimo ndogo ama ngozi ya chungwa.</i> <i>NB: Use the labeled picture of the breast as necessary</i></p>				
<p>26. E: Do you think abnormal discharge from your nipple could be a sign of breast cancer?</p> <p>S: Je unafikiri kutokwa kwa majimaji yasiyo ya kawaida kwa chuchu ya titi lako yaweza kuwa dalili ya saratani ya matiti?</p>				
<p>E: Do you think bleeding from your nipple could be a sign of breast cancer? S: Je unafikiri kutoka kwa damu kwa chuchu ya titi lako yaweza kuwa</p>				

<p>dalili ya saratani ya matiti?</p> <p>27. E: Do you think a lump in your breast could be a sign of breast cancer?</p> <p>S: Unafikiri kuwa na uvimbe kwa titi lako yaweza kuwa dalili ya saratani ya matiti?</p>				
<p>28. E: Do you think a nipple rash could be a sign of breast cancer?</p> <p>S: Unafikiri upele kwa chuchu ya titi lako yaweza kuwa dalili ya saratani ya matiti?</p>				
<p>29. E: Do you think if your breasts change skin color, this could be a sign of breast cancer?</p> <p>S: Unafikiri titi lako linapo geuka rangi yaweza kuwa dalili ya saratani ya matiti?</p>				
<p>30. E: Do you think a lump under your armpit could be a sign of breast cancer?</p> <p>S: Unafikiri kuwa na uvimbe kwenye kwapa lako yaweza kuwa dalili ya saratani ya matiti?</p>				
<p>31. E: Do you think changes in the size of your breast could be signs of breast cancer?</p> <p>S: Unafikiri kubadilika kwa kiwango/kiasi cha titi lako yaweza kuwa dalili ya saratani ya matiti?</p>				
<p>32. E: Do you think changes in the size of your nipple could be signs of breast cancer?</p> <p>S: Unafikiri kubadilika kwa kiwango/kiasi cha chuchu ya titi lako yaweza kuwa dalili ya saratani ya matiti?</p>				
<p>33. E: Do you think changes in the shape of your breast or nipple could be signs of breast cancer?</p> <p>S: Unafikiri kubadilika kwa umbo la titi ama chuchu ya titi lako yaweza kuwa dalili ya saratani ya matiti?</p> <p>NB: Pictures of different shapes of breasts will be provided</p>				

E: DOMAIN 2: CONFIDENCE, SKILLS AND BEHAVIOUR IN RELATION TO BREAST CHANGES

The next three questions are about finding changes in your breasts.

If the respondent gives an answer that falls between two categories, please tick as the most conservative response, in other words, the category that indicates less frequent breast checking.

S: SEHEMU YA PILI: UJASIRI, UJUZI NA TABIA KUHUSIANA NA MABADILIKO YA TITI.

Maswali matatu yanayofuata ni kuhusu mabadiliko katika matiti yako.

34. E: Have you ever felt your breasts to check for lumps? Yes/No	
S: Je, umewahi kupapasa matiti yako ili kuchunguza iwapo kuna uvimbe wa ndani? Ndio/ La	
35. E: If yes, how often do you check your breasts for lumps or abnormalities?	
S: Ikiwa Ndio, we hupapasa matiti baada ya muda gani kuangalia kama kuna uvimbe ama dalili zozote zisizokawaida?	
E: <i>Tick one box only. Let me read you the responses and then chose one</i>	
S: Wacha nikusomee baadhi ya majibu halafu uchague jibu moja.	
Rarely or never	Kwa uhaba ama la
At least once every 6 months	Angalau mara moja baada ya miezi sita
At least once a month	Angalau mara moja kwa mwezi
At least once a week	Angalau mara moja kwa wiki
Don't know	Sijui
Refused	Amekataa

36. E: Have you ever been trained on how to feel your breasts for lumps or abnormalities? Yes/No	
S: Umewahi kupokea mafunzo kuhusu jinsi ya kupapasa matiti yako, yaani kuangalia iwapo kuna uvimbe wowote ama dalili zozote zisizo za kawaida? Ndio/La	
37. E: How sure are you that you could notice a lump in your breasts?	
S: Una uhakika gani yakuwa utaweza kutambua uvimbe katika titi lako?	
E: Tick one box only. The choices are are:	
S: Jaza kijisanduku kimoja tu) Chagua katika majibu yanayofuata	
Not at all confident	Hauna uhakika wowote
Slightly confident	Unauhakika kiasi kidogo
Fairly confident	Unauhakika nusu
Very confident	Unauhakika kabisa
Don't know	Sijui
Refused	Amekataa

38. E: Have you ever felt a lump in your breast? Yes/No

(If YES move to the next question. If NO skip to Q.40)

S: Umewahi hisi uvimbe kwa matiti yako? Ndio/La

39. E: Have you ever been to see a doctor /nurse about a lump you have noticed in one of your breasts?	
S: Umewahi mwona daktari /muuguzi kuhusiana na uvimbe uliogundua kwenye titi lako?	
E: Tick one box only. Do not prompt.	
Yes	Ndio
No	La
Don'tknow	Sijui
Refused	Amekataa

40. E: Would you prefer to have a male or female doctor/Nurse examine your breast?..... (*Write down their preference*)

S: Je unapendelea daktari/muuguzi anaye chunguza matiti yako awe mwanamume au mwana mke?

.....

E: DOMAIN 3 ANTICIPATED DELAY IN CONTACTING THE DOCTOR/NURSE

S: SEHEMU YA TATU: MUDA UNAOTARAJIWA KUCHELEWA KABLA YA KUWASILIANA NA DAKTARIAU MUUGUZI.

41. E: Do you have a certain place you usually go to get health care?

S:Je, ni wapi ambapo unaenda kutafuta matibabu mara kwa mara?

42. E:If yes, what is the name of that place? (insert)

S: Ikiwa ndio, niambie jina la mahali hapo.....(ingiza)

43. E: The next question is about how soon you would go to see your doctor/Nurse if you found a change in your breasts.

S:Swali linalofuatia linauliza ni baada ya muda upi utaenda kumwona daktari wako ama muuguzi ukigundua mabadiliko katika matiti yako?

E: If you found a change in your breast, that you would not consider normal, how many days or weeks would it take you to see a doctor or a nurse about this change. Just provide me with an estimate.

S: Ukigundua mabadiliko ya sio ya kawaida katika matiti yako, ni siku au wiki ngapi utakayochukua kumwona daktari/muuguzi kuhusiana na mabadiliko hayo? Nipatie muda wa kubahatisha

Tick one box only. Do not prompt the participant.

Days	Days	Weeks	Weeks	Month	Weeks	Months	Months	Year	
Siku	Siku	Wiki	Wiki	Mwezi	Wiki	Miezi	Miezi	Mwaka	Siwezi
1-3	4-6	1	2	1	6	3	6	1	
Don't know					Refused				
Sijui					Kakataa				

If the respondent gives an answer that falls between two categories, please tick the most conservative response, in other words, the longer time period.

QE: DOMAIN 4 BARRIERS TO SEEKING MEDICAL HELP

OK: SEHEMU YA NNE: VIZINGITI VINAVYOZUIA KUTAFUTA USAIDIZI WA MATIBABU

E: The next set of questions is about what might stop you from going to the doctor.

S: Maswali yanayofuata, yanahusu ni nini ambacho kinaweza kukuzuia kwenda kumwona daktari.

E: Sometimes people put off going to see the doctor, even when they have a symptom that they think might be serious. If you discover that you have changes in your breasts that are not normal, could you say if any of these might put you off going to the doctor? You may answer 'yes often/yes sometimes/ no/I don't know/ or refuse to answer'

S: Saa zingine watu hukataa kwenda kumwona daktari hata wanapogundua kuwa wanadalili amabazo ni hatari. Je, ukiona mabadiliko zisiozo za kawaida kwenye matiti yako, unaweza sema ikiwa baadhi ya hayayanaweza kukuzuia kwenda kwa daktari kuchunguza matiti yako? Tafadhali waweza jibu 'ndio kila wakati/ ndio saa zingine/La/ Sijui/au kataa kujibu

NB: Stem Statement:

'If you see changes in your breasts that are not normal...'

'Je, napo ona mabadiliko yasiyo ya kawaida katika titi lako...'

(refer to this stem statement for each of the questions below)

<p>E:Read and then tick the appropriate boxes</p> <p>S: Soma halafu sahihisha kijisanduku inachokubaliana nacho</p>	<p>Yes often</p> <p>Ndio kila wakati</p>	<p>Yes sometime</p> <p>Ndio saa zingine</p>	<p>No</p> <p>La</p>	<p>I don't know</p> <p>Sijui</p>	<p>Refused</p> <p>Kakataa</p>
<p>44. E: Would you be too embarrassed to go and see the doctor?</p> <p>S: Utaona aibu kwenda kumwona daktari?</p>					
<p>45. E: Would you be too scared to go and see the doctor?</p> <p>S: Utakuwa na uwoga kwenda kumwona daktari?</p>					
<p>46. E: Would you be worried about wasting the doctor's time?</p> <p>S: Utakuwa na wasiwasi kumpotezea wakati daktari?</p>					
<p>47. E:Would you find your doctor difficult to talk to?</p> <p>S: Je unafikiri daktari wako atakua mgumu kumwongelesha?</p>					
<p>48. E: Would it's be too difficult to make an appointment with the doctor?</p> <p>S: Je, itakua ni vigumu sana kupanga nafasi ya kumpata daktari ilikuzungumza naye?</p>					
<p>49. E:Would you be too busy to make time to go to the doctor?</p> <p>S: Wewe huwa na shughuli nyingi sana huwezi pata nafasi ya kumwona daktari?</p>					
<p>50. E: Would seeing the doctor be too expensive and you</p>					

don't have enough money? S: Ni bei ghali sana kumwona daktari na hauna pesa?					
51. E: Would it be too difficult to arrange transport to the doctor's clinic? S: Ni vigumu sana kupata njia ya usafiri kwenda kumwona daktari?					
52. E: Would worrying about what the doctor might find stop you from going to the doctor? S: Wasiwasi kuhusu yale ambayo utaambiwa na daktari yanaweza kukuzuia kwenda kumwona ?					
53. E: Would not feeling confident talking about your symptom with the doctor would keep you from seeing h/m/her. S: Kuwa na uwoga wa kuongea kuhusu dalili zakona daktari kunaweza kukuzuia kumwona?					
54. E: Would significant people in your life (e.g husband/wife, partner, sibling, relative or friend) not approve of you seeing a doctor or nurse? S: Watu muhimu maishani mwako (kama mke/mme, mpenzi, ndugu, rafiki) wanaweza kukuzuia umwone daktari/muuguzi?					
55. E: Would your doctor not understand your language? S: Je, hali ya daktari wako kutoelewa lugha yako inazuia kumuona?					
56. E: Would your doctor not understand your culture? S: 'Je, hali ya daktari wako kutoelewa Itamaaduni zako inazuia kumuona?					

E: Is there anything else that you can think of that might put you off going to the doctor?

S: Je kuna kitu kingine chochote wafikiri chaweza kukuzuia kwenda kumwona daktari mbali na yale tumeyazungumzia?

E: Record verbatim

QE: DOMAIN 5 KNOWLEDGE OF AGE-RELATED AND LIFETIME RISK

QK: SEHEMU YA TANO: FAHAMU WA HATHARI ZA MAISHANI NA ZINAZOHUSIANA NA UMRI

E: We will now focus the next set of questions on women

S: Maswali yafuatayo yataangazia wanawake

E: The next question is about who you think is most likely to get breast cancer.

S: Maswali yanayofuata yanahusiana na ni mwanamke gani unayefikiri anauwezekano zaidi kuathiriwa na saratani ya matiti

Tick one box only. Do not prompt

57. E: Which of these women is most likely to get breast cancer in the next five years of her life?

S: Ni mwanamke yupi kati ya hawa ana uwezekano zaidi wa kuathiriwa na saratani ya matiti kwa miaka mitano ijayo maishani mwao?

A 30 year old	Mwenye umri wa miaka 30 (thalathini)
A 50 year old	Mwenye umri wa miaka 50 (hamsini)
A 70 year old	Mwenye umri wa miaka 70 (Sabini)
I don't know	Sijui
Refused	Amekataa

E: The next question is about how many women you think will develop breast cancer in their lifetime. Please look at these pictures and imagine groups of 3, 9, 100 and 1000.

S: Maswali yanayofuata yana husu ni wanawake wangapi unadhania wanaweza kuathiriwa na saratani ya matiti maishani mwao. Tafadhali angalia picha hizi ama fikiria kuhusu vikundi vya watu 3, 9, 100 na 1000

Tick one box only. Do not prompt. Please show the respondent the picture card associated with this question.

58. E: How many women will develop breast cancer in their lifetime? Choose one of the following options.

S: Ni wanawake wangapi wanaweza kuathiriwa na saratani ya matitimaishani mwao? Chagua moja kati ya majibu yafuatayo.

NB: A pictorial representation will be provided

1 woman of every 3 women	Mwanamke mmoja kati ya wanawake 3 (tatu)
1 woman of every 9 women	Mwanamke mmoja kati ya wanawake 9 (tisa)
1 woman of every 100 women	Mwanamke mmoja kati ya wanawake 100 (mia moja)
1 woman of every 1000 women	Mwanamke mmoja kati ya wanawake 1000 (elfu moja)
Don't know	Sijui
Refused	Amekataa

E: DOMAIN 6 KNOWLEDGE OF BREAST SCREENING*

S: SEHEMU YA SITA: UFAHAMU KUHUSU UCHUNGUZI WA MATITI

E: Breast Screening will be any breast exam/procedure done by a health care professional for the sole reason of preventing cancer on an otherwise normal breast

S: Uchunguzi wa matiti yawezakuwa uchunguzi wowote au njia yoyote inayotumiwa na wahudumu wa kiafya kwa nia moja tu, ya kuzuia saratani ya matiti.

E: The next set of questions is about breast screening. S: Maswali yanayofuata yanahusu uchunguzi wa matiti				
Tick one box only. Do not prompt				
	Yes Ndio	No La	I don't know Sijui	Refused Amekataa
59. E: Are you aware of any Breast Screening Program available to you? S: Je, unajua huduma yeyote, inayopatikana kwako ya kuchuguza matiti kama yako na saratani?				
60. E: Where is this program?				
S: Huduma/mpango hii/huu iko wapi?.....				
			I don't know Sijui	Refused Amekataa
61. E: At what age do you think a woman should be screened for breast cancer for the first time? QK: Niumri gani ambao unafikiri wanawake wanafaa kuchunguzwa matiti kwa mara yakwanza?				
	Write age Andika umri			
62. E: At what age do you think women should stop breast screening? S: Ni umri upi unafikiri wanawake wanafaa kuchunguzwa matiti mara ya mwisho?				
	Write age/verbatim Andika umri			
	Yes Ndio	No La	I don't know Sijui	Refused mekataa
63. E: Have you ever undergone any breast cancer screening? S: Je, umewahi kufanyiwa uchunguzi wa saratani ya matiti?				
64. E: If yes, was there any lump or abnormality detected at the screening? S: Kama ndio, je, uvimbe wowote au mabadiliko yasiyo ya kawaida yaligunduliwa kwa matiti wakati				

	wa uchunguzi huo?				
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65. E: Which of the following means of communication about breast cancer would reach you best?

- Local Radio station
- National Radio station
- Billboards
- Text messages (SMS)
- Newspaper
- Church pastor
- Womens' group meetings
- Leaflets/brochures
- Barazas/word of mouth
- Posters
- Mailed information
- Others specify.....

S: Ni njia gani ya mawasiliano kati ya hizi zifuatazo, kuhusu saratani ya matiti, zinaweza kukufikia vizuri?

- Kituo cha redio ya kijamii.
- Redio ya kitaifa.
- Mabango makubwa (billboards)
- Ujumbe mfupi wa simu.
- Gazeti.
- Mchungaji wa kanisa
- Mikutano ya wanawake
- Kijikaratasi/vipeperushi
- Mkutano wa chifu au kupitia mazungumzo kwa mdomo tu.
- Mabongo madogo (posters)
- Ujumbe kupitia njia ya posta
- Nyingine (fafanua).....

Ask the following question in the household sample only:

E: Did you hear about the free breast screening that was to be offered at [*insert the health facility name*]? Yes/No

S: Je, ulisikia kuhusu huduma ya bure ya kuchunguza saratani ya matiti?

E: If yes, why didn't you come? [*record verbatim*]

S: Kama ndio, kwanini haukuja [*health facility name*]:

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Ask the following question to all participants:

E: If we offered a breast screening program here every year, would you be interested in coming? **Yes/No/Don't know**

S: Je, tukipeana huduma ya bure ya kuchunguza saratani ya matiti kila mwaka, utakuja?

E: If **no or don't know**, what would be the reason(s) you might not be able to come? [*record verbatim*]

S: Kama la au hujui, nini kitakachokuzuia?

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If a respondent has any questions about symptoms they have had or other questions about breast cancer, please advise them to get into contact with Chite Asirwa MD, Naftali Busakala, the Research RN or another relevant MTRH contact.