African Women Awareness of CANcer (AWACAN) breast and cervical cancer tool

English version
### SECTION 1: SOCIO-DEMOGRAPHIC QUESTIONS

| No. | Questions                                           | Response options                                      |
|-----|-----------------------------------------------------|-------------------------------------------------------|
| 101.| How old are you?                                    | __________ years                                      |
| 102.| What is your current relationship status?           | Married                                               |
|     |                                                     | Living together with a partner                        |
|     |                                                     | Single                                                |
|     |                                                     | Separated/Divorced                                    |
|     |                                                     | Widowed                                               |
|     |                                                     | Did not answer                                        |
| 103.| What is your highest level of education?             | No schooling                                          |
|     |                                                     | Primary incomplete                                    |
|     |                                                     | Primary complete                                      |
|     |                                                     | Secondary incomplete                                  |
|     |                                                     | Secondary complete                                    |
|     |                                                     | More than secondary                                   |
|     |                                                     | Did not answer                                        |
| 104.| What is the main language spoken at your home?       |                                                       |
| 105.| Do you have a job for which you get paid or from which you earn money? | Yes                                                    |
|     |                                                     | No                                                    |
|     |                                                     | Did not answer                                        |
| 106.| In what type of dwelling or housing do you live?     | Brick house/apartment                                 |
|     |                                                     | Informal dwelling/shack (e.g. in an informal or squatter settlement) |
|     |                                                     | Traditional dwelling/hut/structure made of traditional materials |
|     |                                                     | Other (please specify)                                |
|     |                                                     | ................................................................. |
|     |                                                     | Did not answer                                        |
SECTION 2: INTRODUCTION – BREAST CANCER SYMPTOM AWARENESS MEASURE

| No. | Questions                                                                 | Response options                      |
|-----|---------------------------------------------------------------------------|---------------------------------------|
| 201.| Have you ever heard of breast cancer? IF “NO” SKIP TO SECTION 402          | Yes                                   |
|     | = KNOWLEDGE OF SYMPTOMS                                                  | No                                    |
|     |                                                                          | Did not answer                        |
| 202.| Do you know of any family members, friends or neighbours who have/had    | Yes                                   |
|     | breast cancer?                                                            | No                                    |
|     |                                                                          | Did not answer                        |

SECTION 3: KNOWLEDGE OF RISK FACTORS

301. Please could you name as many things as you can think of that could increase any woman’s chances of getting breast cancer?“
302. Could any of the following increase any woman’s chances of getting breast cancer? 

| No. | Questions                                                                 | Response options |
|-----|---------------------------------------------------------------------------|------------------|
| a)  | Having had breast cancer previously                                       | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| b)  | Drinking more than 1 bottle of beer or 1 glass of other types of alcohol per day | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| c)  | Not breastfeeding                                                          | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| d)  | Using hormone replacement therapy                                          | Yes              |
|     | *[Explanation]: As women get older their hormone levels become lower and their periods stop. They may experience hot flushes and other discomforts. The medication to help with these discomforts is called hormone replacement therapy* | No               |
|     |                                                                           | Don’t know       |
| e)  | Wearing a tight bra                                                        | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| f)  | Using hormonal family planning methods (e.g. the pill, injectable contraceptives and implants) | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| g)  | Being overweight                                                           | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| h)  | Wearing a bra all the time, including at night when sleeping               | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| i)  | Having a family member with breast cancer                                  | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
| j)  | Putting money in one’s bra                                                 | Yes              |
|     |                                                                           | No               |
|     |                                                                           | Don’t know       |
|   |   |   |
|---|---|---|
| k) | Having the first child after the age of 30 years | Yes |
|   |   | No |
|   |   | Don’t know |
| l) | Bewitched/witchcraft/evil spirits | Yes |
|   |   | No |
|   |   | Don’t know |
| m) | Starting your periods *early*, before the age of 11 years | Yes |
|   |   | No |
|   |   | Don’t know |
| n) | Doing little physical activity or manual labour | Yes |
|   |   | No |
|   |   | Don’t know |
| o) | Aging/growing old | Yes |
|   |   | No |
|   |   | Don’t know |
| p) | Putting a mobile phone in one’s bra | Yes |
|   |   | No |
|   |   | Don’t know |
| q) | Having no children at all | Yes |
|   |   | No |
|   |   | Don’t know |
| r) | Having menopause *late*, after the age of 55 years | Yes |
|   |   | No |
|   |   | Don’t know |
| s) | Being exposed to dirty air or water | Yes |
|   |   | No |
|   |   | Don’t know |

**SECTION 4: KNOWLEDGE OF SYMPTOMS**

401. Please would you name as many symptoms or signs of breast cancer as you can think of?”
Can you tell me if you think the following could be signs of something serious or that something is wrong, such as breast cancer?"

| No. | Questions                                                                 | Response options |
|-----|---------------------------------------------------------------------------|------------------|
| a)  | A change in the position of the nipple                                     | Yes, No, Don’t know |
|     | [Explanation]: such as pointing up or down or in a different direction     |                  |
|     | to normal                                                                 |                  |
|     | (Picture available to illustrate)                                        |                  |
| b)  | Pulling in of the nipple                                                  | Yes, No, Don’t know |
|     | [Explanation]: Where the nipple no longer points outwards but into the     |                  |
|     | breast                                                                    |                  |
|     | (Picture available to illustrate)                                        |                  |
| c)  | A change in the size of the nipple, not when pregnant or breast feeding   | Yes, No, Don’t know |
| d)  | A change in the shape of the nipple, not when pregnant or breast feeding  | Yes, No, Don’t know |
| e)  | Nipple rash                                                               | Yes, No, Don’t know |
| f)  | Discharge from the nipple, not when pregnant or breast feeding            | Yes, No, Don’t know |
| g)  | Bleeding from the nipple                                                  | Yes, No, Don’t know |
| h)  | Fever                                                                     | Yes, No, Don’t know |
| i)  | Pain in one or both breasts, not when pregnant or menstruating            | Yes, No, Don’t know |
| j)  | A lump or thickening in the breast                                         | Yes, No, Don’t know |
| No. | Questions                                                                 | Response options |
|-----|---------------------------------------------------------------------------|------------------|
| 501 | a) If you noticed a change in your breast or breasts, would you           |                  |
|     | ignore it?                                                                 | Yes, No, Don’t   |
|     | b) If you noticed a change in your breast or breasts, would you try       |                  |
|     | self-medication, for example get some ointment to apply from the local   |                  |
|     | supermarket?                                                              | Yes, No, Don’t   |
|     | c) If you noticed a change in your breast or breasts, would you tell      |                  |
|     | someone close to you?                                                     | Yes, No, Don’t   |

SECTION 5: HELP-SEEKING BEHAVIOUR
If you noticed a change in your breast or breasts, would you visit a traditional healer?  

| Response options |
|-------------------|
| Yes |
| No |
| Don’t know |

If you noticed a change in your breast or breasts, is there anything else you would do? (please specify):

ONLY FOR THOSE WHO SAID ‘YES’ IN 501d If you noticed a change in your breast or breasts, how soon would you visit a traditional healer?

| Response options |
|-------------------|
| < 1 week |
| ≥1 week < 1 month |
| ≥ 1 month < 3 months |
| ≥ 3 months |

FOR ALL WOMEN

If you noticed a change in your breast or breasts, how soon would you visit the pharmacy or clinic or health centre or hospital?

| Response options |
|-------------------|
| Never |
| < 1 week |
| ≥1 week < 1 month |
| ≥ 1 month < 3 months |
| ≥ 3 months |

SECTION 6: CONFIDENCE SKILLS AND BEHAVIOR IN RELATION TO BREAST CHANGES

| No. | Questions | Response options |
|-----|-----------|-------------------|
| 601. | Do you ever check your breasts? | Yes |
|      |           | No |
| 602. | Are you confident that you would notice a change in your breasts? | Yes |
|      |           | No |
|      |           | Don’t know |
| 603. | Have you ever been to see a nurse or clinical officer or doctor about a change you have noticed in your breasts? | Yes |
|      |           | No |
|      |           | Never noticed a change in my breasts |
| 604. | Have you ever been to see a traditional healer about a change you have noticed in your breasts? | Yes |
|      |           | No |
|      |           | Never noticed a change in my breasts |
### SECTION 7: INTRODUCTION – CERVICAL CANCER AWARENESS MEASURE

| No. | Questions                                                                 | Response options |
|-----|---------------------------------------------------------------------------|-----------------|
| 701. | Have you ever heard of cervical cancer/cancer of the mouth/neck of the womb? | Yes             |
|     | **IF “NO” SKIP TO SECTION 902 = KNOWLEDGE OF SYMPTOMS**                   | No              |
| 702. | Do you know of any family members, friends or neighbours who have/had cervical cancer? | Yes             |

### SECTION 8: KNOWLEDGE OF RISK FACTORS

801. Please could you name as many things as you can think of that could increase any woman’s chances of getting cervical cancer?”

802. Could any of the following increase any woman’s chances of getting cervical cancer?”

| No. | Questions                                                                 | Response options |
|-----|---------------------------------------------------------------------------|-----------------|
| a)  | Getting a sexually transmitted infection called the Human Papillomavirus (HPV) | Yes             |
|     |                                                                           | No              |
|     |                                                                           | Don’t know      |
| b)  | HIV/AIDS                                                                  | Yes             |
|     |                                                                           | No              |
|     |                                                                           | Don’t know      |
| c)  | Being infected with other sexually transmitted diseases (other than HIV or Human Papillomavirus) | Yes             |
|     |                                                                           | No              |
|     |                                                                           | Don’t know      |
| d)  | Using birth control pills/family planning for more than 5 years           | Yes             |
|     |                                                                           | No              |
|     |                                                                           | Don’t know      |
|   |   |
|---|---|
| e) | Using condoms | Yes |
|   |   | No |
|   |   | Don’t know |
| f) | Having unprotected sex | Yes |
|   |   | No |
|   |   | Don’t know |
| g) | Smoking any cigarettes at all | Yes |
|   |   | No |
|   |   | Don’t know |
| h) | Inserting herbs/creams/objects into the vagina | Yes |
|   |   | No |
|   |   | Don’t know |
| i) | Having a sexual partner who is not circumcised | Yes |
|   |   | No |
|   |   | Don’t know |
| j) | Having sex at a young age | Yes |
|   |   | No |
|   |   | Don’t know |
| k) | Poor personal hygiene e.g. not washing one’s vagina well, staying for long without bathing or wearing wet underpants | Yes |
|   |   | No |
|   |   | Don’t know |
| l) | Giving birth to three or more children | Yes |
|   |   | No |
|   |   | Don’t know |
| m) | Having many sexual partners | Yes |
|   |   | No |
|   |   | Don’t know |
| n) | Not going for regular screening/testing for cervical cancer | Yes |
|   |   | No |
|   |   | Don’t know |
| o) | Bewitched/witchcraft/evil spirits | Yes |
|   |   | No |
|   |   | Don’t know |
SECTION 9: KNOWLEDGE OF SYMPTOMS

901. Please could you name as many symptoms or signs of cervical cancer as you can think of?

902. Can you tell me if you think the following could be signs of something serious or that something is wrong such as cervical cancer?

| No. | Questions                                           | Response options |
|-----|-----------------------------------------------------|------------------|
| a)  | Vaginal bleeding between menstrual periods           | Yes, No, Don’t know |
| b)  | Persistent lower back pain                          | Yes, No, Don’t know |
| c)  | A persistent smelly vaginal discharge               | Yes, No, Don’t know |
| d)  | Discomfort or pain during sex                       | Yes, No, Don’t know |
| e)  | Menstrual periods that are longer or heavier than usual | Yes, No, Don’t know |
| f)  | Persistent diarrhoea                                | Yes, No, Don’t know |
| g)  | Vaginal bleeding after menopause                     | Yes, No, Don’t know |

*Explanation: Menopause is when a woman’s periods have stopped permanently*
**SECTION 10: HELP-SEEKING BEHAVIOUR**

| No. | Questions                                                                 | Response options |
|-----|---------------------------------------------------------------------------|------------------|
| a)  | If you had a symptom coming from your cervix or mouth of your womb, would you ignore it? | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| b)  | If you had a symptom coming from your cervix or mouth of your womb, would you try self-medication, for example get some ointment to apply from the local supermarket? | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| c)  | If you had a symptom coming from your cervix or mouth of your womb, would you tell someone close to you? | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| d)  | If you had a symptom coming from your cervix or mouth of your womb, would you visit a traditional healer? | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| e)  | If you had a symptom coming from your cervix or mouth of your womb, is there anything else you would do? (please specify): | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| h)  | Persistent lower abdominal/pelvic pain                                   | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| i)  | Vaginal bleeding during or after sex                                      | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| j)  | Blood in urine or stool (faeces)                                         | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| k)  | Unexplained weight loss                                                   | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
| l)  | Itching in the vagina                                                     | Yes              |
|     |                                                                            | No               |
|     |                                                                            | Don’t know       |
### 1002. ONLY FOR THOSE WHO SAID ‘YES’ IN 1001d
If you had a symptom coming from your cervix or womb, how soon would you visit a traditional healer?

| Response options      |  |
|-----------------------|--|
| < 1 week              |  |
| ≥1 week < 1 month     |  |
| ≥ 1 month < 3 months  |  |
| ≥ 3 months            |  |

### 1003. FOR ALL WOMEN
If you had a symptom coming from your cervix or womb, how soon would you visit the pharmacy/clinic/health centre/hospital?

| Response options      |  |
|-----------------------|--|
| Never                 |  |
| < 1 week              |  |
| ≥1 week < 1 month     |  |
| ≥ 1 month < 3 months  |  |
| ≥ 3 months            |  |

### SECTION 11: CONFIDENCE SKILLS AND BEHAVIOR IN RELATION TO A CERVICAL CANCER SIGN/SYMPTOM

| No. | Questions and filters                                                                 | Response options                  |
|-----|---------------------------------------------------------------------------------------|-----------------------------------|
| 1101 | Are you confident that you would notice a symptom that could be cervical cancer?     | Yes                               |
|     |                                                                                        | No                                |
|     |                                                                                        | Don’t know                        |
| 1102 | Have you ever been to see a nurse or clinical officer or doctor about a symptom that made you think something was wrong, like a symptom of cervical cancer? | Yes                               |
|     |                                                                                        | No                                |
|     |                                                                                        | Not noticed any symptoms or signs |
| 1103 | Have you ever been to see a traditional healer about a symptom that made you think something was wrong, like a symptom of cervical cancer? | Yes                               |
|     |                                                                                        | No                                |
|     |                                                                                        | Not noticed any symptoms or signs |

### SECTION 12: BARRIERS TO SEEKING MEDICAL HELP [BREAST AND CERVICAL CANCER]

“Would any of the following reasons make it difficult for you to see the nurse or clinical officer or doctor if you noticed a symptom or sign which you think may be serious, for example a change in your breast or a change in the mouth of your womb or cervix that could be cancer?”

| No. | Questions                                                                 | Response options |
|-----|---------------------------------------------------------------------------|------------------|
| a)  | I would find it difficult to go for medical help because I would be worried about wasting the nurse/clinical officer/doctor’s time. | Agree            |
|     |                                                                           | Disagree         |
|     |                                                                           | Don’t know       |
|   |   |   |
|---|---|---|
| b) | I would find it difficult to go for medical help because I would be **worried about what the nurse/clinical officer/doctor might find wrong.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| c) | I would find it difficult to go for medical help because I would be **worried about what tests the nurse/clinical officer/doctor might do.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| d) | I would find it difficult to go for medical help because I am **too busy or have other things to worry about.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| e) | I would find it difficult to go for medical help because it **takes too long to be seen at the clinic/health centre.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| f) | I would find it difficult to go for medical help because I have **no money for transport or the clinic/health centre charges.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| g) | I would find it difficult to go for medical help because I would **not feel confident about talking about my symptoms.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| h) | I would find it difficult to go for medical help because I have **had a bad experience in the clinic/health centre in the past.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| i) | I would find it difficult to go for medical help because I would **feel embarrassed.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| j) | I would find it difficult to go for medical help because the nurse/clinical officer/doctor would **not understand my language or culture.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| k) | I would find it difficult to go for medical help because **my husband/partner or family member would not allow me to go.** | Agree |
|   |   | Disagree |
|   |   | Don’t know |
| l) | I would find it difficult to go for medical help because I think that ‘if I have a disease like cancer there is no use for the nurse/clinical officer/doctor and I will die anyway’. | Agree |
|   |   | Disagree |
|   |   | Don’t know |