1. Organization Name:

2. City:

3. State:

4. From the list below, what is the position title that best describes you
   - [ ] Executive Director
   - [ ] Medical Director
   - [ ] Clinic Manager
   - [ ] Women’s Program Manager
   - [ ] Women’s Health Care Provider
   - [ ] Community Outreach Manager
   - [ ] Other: Fill in:

5. Please select the option that best describes your organization:
   - [ ] Outreach and referral agency
   - [ ] Limited direct services provided on-site
   - [ ] Comprehensive direct services provided on-site
The following table relates to screening services that are CURRENTLY AVAILABLE IN 2010.

6. Please describe the availability of the following breast and cervical cancer screening services for clients at your organization. For the following services, please check if the services are fully available, not available, or whether there is limited availability.

<table>
<thead>
<tr>
<th>Service</th>
<th>Fully Available</th>
<th>Limited Availability</th>
<th>Not Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>On-site mammography</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-site (referral) mammography (not mobile)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile mammography</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site clinical breast exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-site (referral) clinical breast exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site pelvic exams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-site (referral) pelvic exams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On-site pap test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-site (referral) pap test</td>
<td></td>
<td></td>
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<tr>
<td>On-site HPV* testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Off-site HPV* testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female women’s health provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adequate staff time for case management of abnormal results</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic care for abnormal mammograms (ultrasound, biopsy, etc.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic care for abnormal pap tests (colposcopy, LEEP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast cancer treatment services within 1 hour drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical cancer treatment services within 1 hour drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Culturally appropriate cancer survivor support group and services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palliative care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Human papillomavirus

7. Does your organization currently have a contract or memorandum of agreement in place with your state’s Breast and Cervical Cancer Early Detection Program (or BCCEDP) to provide breast and cervical cancer screening to eligible women?

- [ ] Yes
- [ ] No
- [ ] Don’t know
The following questions are about reimbursement you receive for your breast and cervical cancer prevention activities

8. Do you receive reimbursement of any kind for breast cancer screening?
   - Yes →
   - No
   - Don’t know
     → If Yes:
     Who reimburses you for these services? You may select more than one.
       - Medicare
       - Medicaid
       - Private Insurance
       - State’s Breast and Cervical Cancer Early Detection Program
       - Tribal Breast and Cervical Cancer Early Detection Program
       - Other (such as Komen for the Cure)

9. Do you receive reimbursement of any kind for cervical cancer screening?
   - Yes →
   - No
   - Don’t know
     → If Yes:
     Who reimburses you for these services? You may select more than one.
       - Medicare
       - Medicaid
       - Private Insurance
       - State’s Breast and Cervical Cancer Early Detection Program
       - Tribal Breast and Cervical Cancer Early Detection Program
       - Other (such as Komen for the Cure)

10. Do you receive reimbursement of any kind specifically for mammograms?
    - Yes →
    - No
    - Don’t know
      → If Yes:
      Who reimburses you for these services? You may select more than one.
        - Medicare
        - Medicaid
        - Private Insurance
        - State’s Breast and Cervical Cancer Early Detection Program
        - Tribal Breast and Cervical Cancer Early Detection Program
        - Other (such as Komen for the Cure)
11. Do you receive reimbursement of any kind for **outreach and recruitment** services?
   - [ ] Yes →
   - [ ] No
   - [ ] Don’t know
     → **If Yes:**
     Who reimburses you for these services? You may select more than one.
     - [ ] Medicare
     - [ ] Medicaid
     - [ ] Private Insurance
     - [ ] State’s Breast and Cervical Cancer Early Detection Program
     - [ ] Tribal Breast and Cervical Cancer Early Detection Program
     - [ ] Other (such as Komen for the Cure)

12. Do you receive reimbursement of any kind for **case management** of women in need of follow-up?
   - [ ] Yes →
   - [ ] No
   - [ ] Don’t know
     → **If Yes:**
     Who reimburses you for these services? You may select more than one.
     - [ ] Medicare
     - [ ] Medicaid
     - [ ] Private Insurance
     - [ ] State’s Breast and Cervical Cancer Early Detection Program
     - [ ] Tribal Breast and Cervical Cancer Early Detection Program
     - [ ] Other (such as Komen for the Cure)
Referrals and Partnerships

13. Do you refer women to other agencies for screening, diagnostic or treatment services?
   □ Yes →
   □ No

   → If Yes:
   When you refer women for services, which agencies do you use?
   □ Agencies funded through your state’s BCCEDP
   □ Agencies not funded through your state’s BCCEDP
   □ Both
   □ Don’t know

14. Do you use any of the following methods to keep track of client referrals to make sure clients receive the referred service?
   □ Client surveys
   □ Phone call follow-up with client
   □ Phone call follow-up with referred provider
   □ On-site review of client records

   Do you use any other method to keep track of client referrals?
   □ Yes →
   □ No

   → If yes, what method?
15. To the best of your knowledge, would you say that your clients with abnormal screening results generally complete additional diagnostic tests within 60 days following their screening?

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Does not apply

16. To the best of your knowledge, would you say that your clients with pre-cancerous conditions or cancer generally start treatment within 90 days following their diagnosis?

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Does not apply

17. Has your state Department of Health ever invited you to be a part of their advisory committee, coalition for breast and cervical cancer, or comprehensive cancer control program?

- [ ] Yes, we have been invited and we are currently involved
- [ ] Yes, we have been invited but are not currently involved
- [ ] No, we have never been invited
- [ ] Don’t know

*If yes, please describe:*

18. Has your state Department of Health ever invited you to attend continuing education or other training opportunities?

- [ ] Yes, we have been invited and we are currently involved
- [ ] Yes, we have been invited but are not currently involved
- [ ] No, we have never been invited
- [ ] Don’t know
19. You will now be asked to rate your overall satisfaction with the following partnerships. If it applies, would you say you were **satisfied**, **neutral**, or **unsatisfied** with following partnerships:

- State Breast and Cervical Cancer Early Detection Program:
  - [ ] Satisfied
  - [ ] Neutral
  - [ ] Unsatisfied
  - [ ] N/A

- State Department of Health, other program:
  - [ ] Satisfied
  - [ ] Neutral
  - [ ] Unsatisfied
  - [ ] N/A

**These next questions are about your needs, barriers and next steps**

20. Have you identified any **barriers in offering** breast and cervical cancer screening services to your clients?

  - [ ] Yes →
  - [ ] No

  → If Yes: Please describe:

21. Have you identified any **barriers your clients encounter** in obtaining breast and cervical cancer screening services?

  - [ ] Yes →
  - [ ] No

  → If Yes: Please describe:
22. Your answers to this final question will help us develop future goals and work plans. For the following list of services and activities, would you say

- We do not have this services but would like to implement it
- We have this services and would like to expand it
- We do not want to implement and/or expand this service at this time

<table>
<thead>
<tr>
<th>Service</th>
<th>Do not have service but would like to implement it</th>
<th>Have service and would like to expand it</th>
<th>Do not want to implement and/or expand service at this time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mammography</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Clinical Breast Exams</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pelvic Exams</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Pap Tests</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>HPV Testing</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Finding quality diagnostic and treatment services for patients</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Culturally appropriate outreach</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Case management and tracking/ensuring timely follow-up</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Patient navigation for those diagnosed with cancer</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Survivorship support</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Are there any other services or activities you would like to implement or expand in the near future?

23. Is there anything else you would like to share?

Thank you very much for your participation.