Cancer Control Project in the State of São Paulo (FOSP/FAPESP/SES-SP)

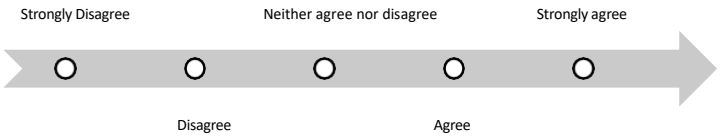
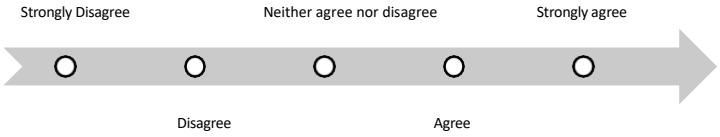
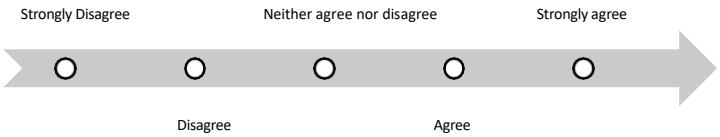
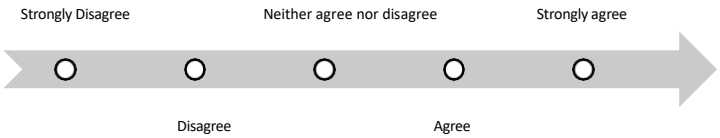
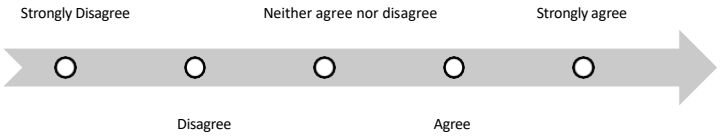
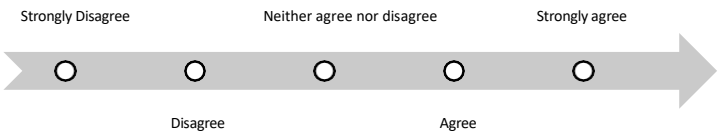
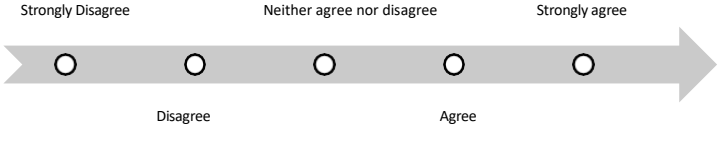
Questionnaire 4 – Survey with Primary Health Care Professionals in São Paulo
Assessment of barriers to cervical and breast cancer screening

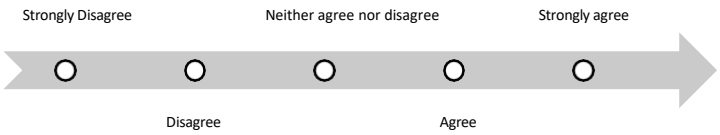
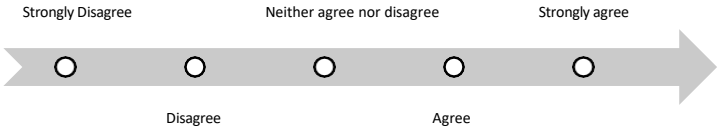
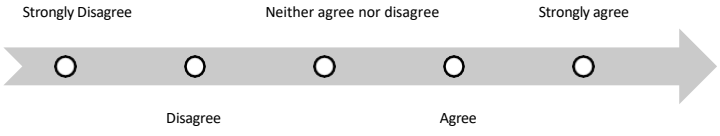
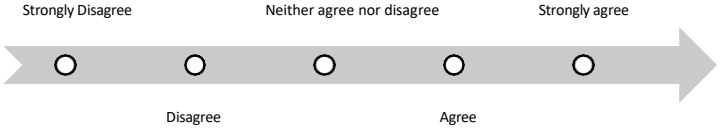
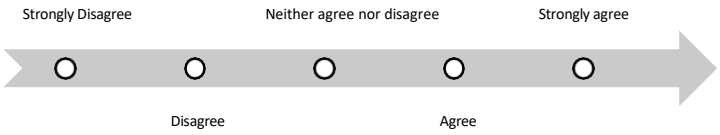
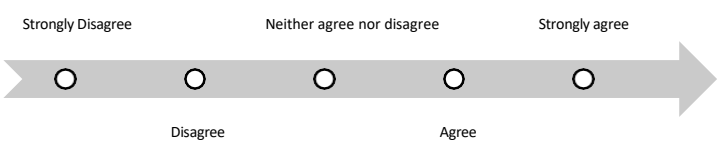
Interview number: _____
Name of the Primary Health Care Unit (PHU): _____
Interview date: ____ / ____ / _____
Interview start time: hh:mm

Block A. General Information about the Professional and the Health Care Unit

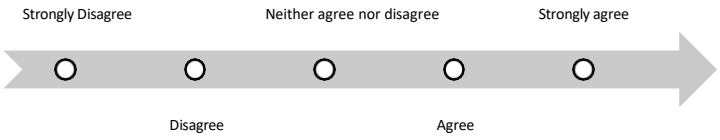
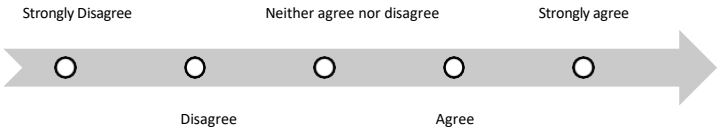
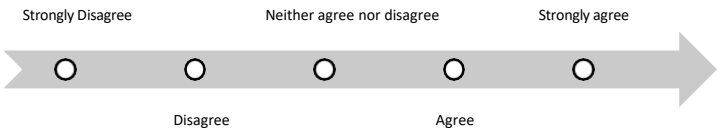
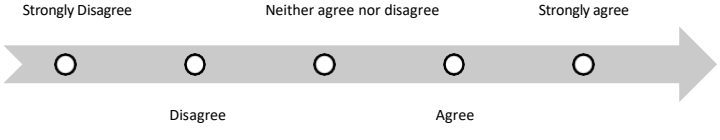
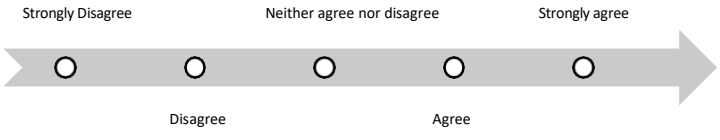
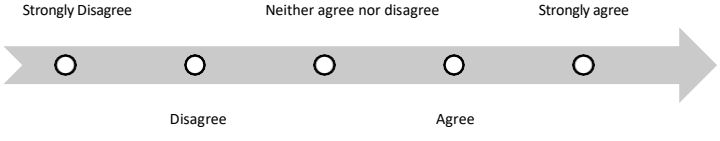
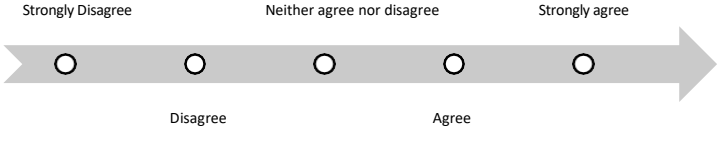
1	What is your first name?	Open-ended field
2	What is your year of birth?	Numeric, 4 digits
3	How long have you been working in this health care unit?	Open-ended field
4	Professional role in the health care unit: 1. Nurse; 2. Nursing technician; 3. Nursing assistant; 4. Physician; 5. Manager; 6. Other health professional; 7. Administrative staff; 8. Other	Numeric, 1 digit
5	Does this unit have a gynecologist? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
6	Does this unit perform cervical cancer screening (Pap smear test)? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
7	Does this unit perform colposcopy? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
8	Does this unit perform breast cancer screening (mammography)? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
9	Does this unit refer women to other facilities for breast cancer screening exams? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
10	Is there a professional in this unit responsible for educating women about the importance of regular cancer screening? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
11	Does this unit conduct active outreach of the target population for cancer screening exams? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
12	Is there a professional in this unit responsible for monitoring women with abnormal screening results? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit
13	Are you aware of the law that guarantees patients in the Brazilian Unified Health System (SUS) with suspected cancer the right to diagnostic tests within a maximum of 30 days? 1. No; 2.Yes; 3. Do not know	Numeric, 1 digit

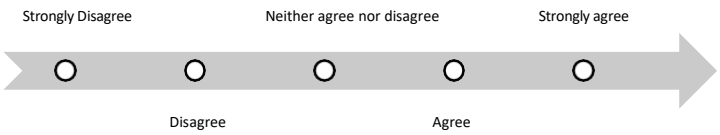
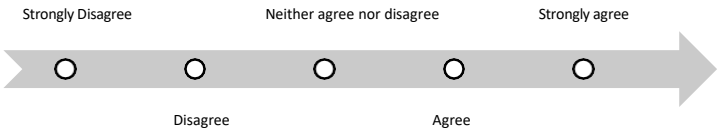
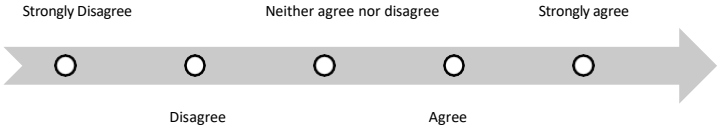
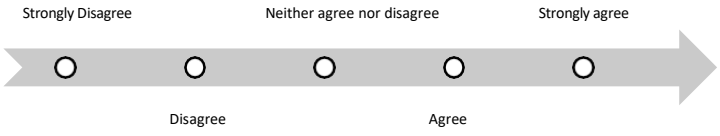
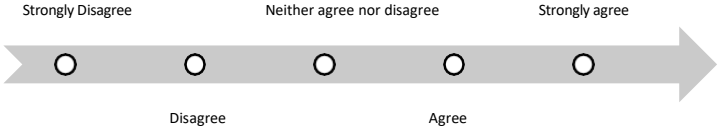
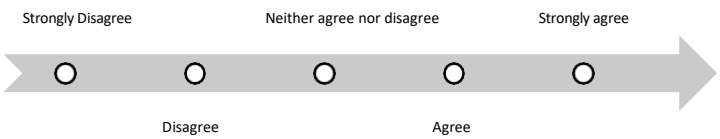
Block B1. Barriers within the health care unit to cervical cancer screening uptake

1	There is excessive demand in the unit for cervical cancer screening exams. 	Numeric, 1 digit
2	The team has difficulty conducting active outreach of the target population for screening. 	Numeric, 1 digit
3	The team has difficulty verifying whether the target population is up to date with screening. 	Numeric, 1 digit
4	The team has difficulty informing the target population about the screening exam and its importance. 	Numeric, 1 digit
5	I currently have a high workload in this unit. 	Numeric, 1 digit
6	Access for women in the screening target population is limited by restricted or insufficient operating hours of this unit. 	Numeric, 1 digit
7	Waiting time to perform the screening exam is generally long. 	Numeric, 1 digit

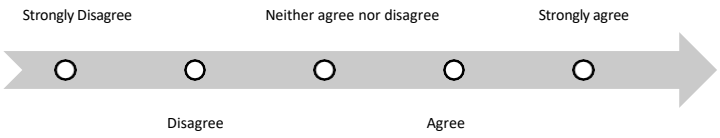
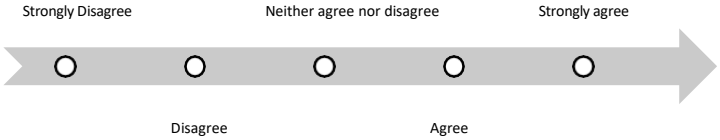
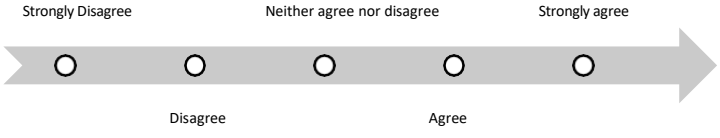
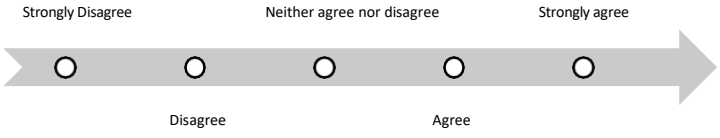
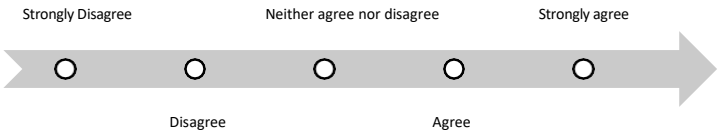
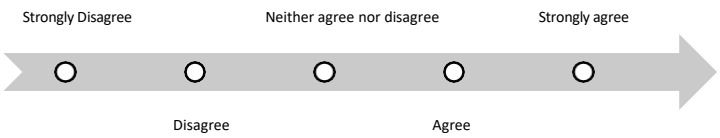
8	Waiting time for the exam result to be delivered to the woman is generally long. 	Numeric, 1 digit
9	In the case of an abnormal result, the waiting time for diagnostic confirmation (whether in this unit or elsewhere) is generally long. 	Numeric, 1 digit
10	A woman's age is an important factor in determining whether the screening exam is performed. 	Numeric, 1 digit
11	The screening exam should be performed in women without signs or symptoms of cancer. 	Numeric, 1 digit
12	Users of this unit refuse preventive exams when the health professional is male. 	Numeric, 1 digit
13	There are no adequately trained professionals to perform preventive exams. 	Numeric, 1 digit

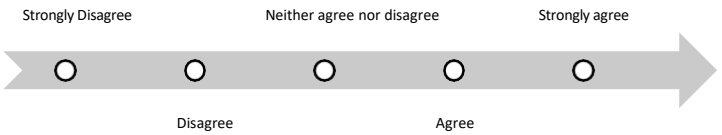
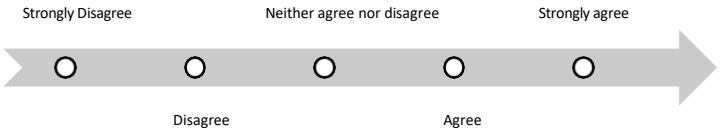
Block B2. Barriers within the health care unit to breast cancer screening uptake

1	There is excessive demand in the unit for breast cancer screening exams. 	Numeric, 1 digit
2	The team has difficulty conducting active outreach of the target population for screening. 	Numeric, 1 digit
3	The team has difficulty verifying whether the target population is up to date with screening. 	Numeric, 1 digit
4	The team has difficulty informing the target population about the screening exam and its importance. 	Numeric, 1 digit
5	I currently have a high workload in this unit. 	Numeric, 1 digit
6	Access for women in the screening target population is limited by restricted or insufficient operating hours of this unit. 	Numeric, 1 digit
7	Waiting time to perform the screening exam is generally long. 	Numeric, 1 digit

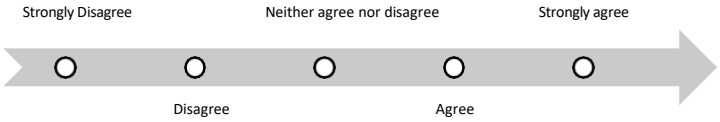
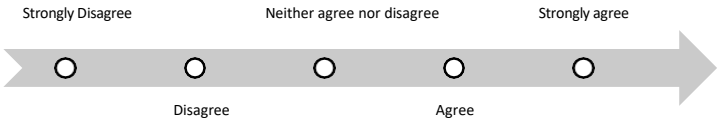
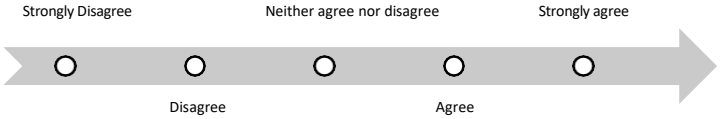
8	Waiting time for the exam result to be delivered to the woman is generally long. 	Numeric, 1 digit
9	In the case of an abnormal result, the waiting time for diagnostic confirmation (whether in this unit or elsewhere) is generally long. 	Numeric, 1 digit
10	A woman's age is an important factor in determining whether the screening exam is performed. 	Numeric, 1 digit
11	The screening exam should be performed in women without signs or symptoms of cancer. 	Numeric, 1 digit
12	Users of this unit refuse preventive exams when the health professional is male. 	Numeric, 1 digit
13	There are no adequately trained professionals to perform preventive exams. 	Numeric, 1 digit

Block C. Barriers external to the health care unit affecting cervical and breast cancer screening uptake

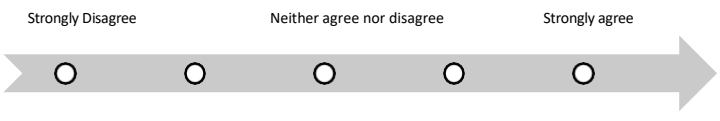
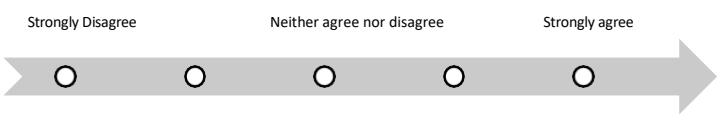
1	Within the health system logic, health promotion and disease prevention are considered less important than hospital care. 	Numeric, 1 digit
2	The absence of a health information system to monitor women with abnormal screening results undermines the effectiveness of state screening programs. 	Numeric, 1 digit
3	Municipal managers are not aware of the difficulties we face in adhering to Brazilian screening guidelines. 	Numeric, 1 digit
4	Limited municipal financial resources hinder adherence to Brazilian screening guidelines. 	Numeric, 1 digit
5	State-level managers are not aware of the difficulties we face in adhering to Brazilian screening guidelines. 	Numeric, 1 digit
6	State-level managers face difficulties in addressing our challenges to ensure adherence to Brazilian screening guidelines. 	Numeric, 1 digit

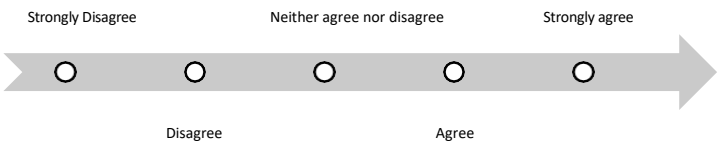
7	Municipal managers have difficulty monitoring coverage rates of the screening target population.  	Numeric, 1 digit
8	State-level managers have difficulty monitoring coverage rates of the screening target population.  	Numeric, 1 digit

Block D1. Barriers to adherence to Brazilian guidelines for cervical cancer screening in the State of São Paulo

1	There is no clearly defined referral pathway for diagnostic confirmation of cervical cancer in the unit where I work or when referring patients to another unit. 	Numeric, 1 digit
2	There is no clearly defined referral pathway for initiating treatment of cervical cancer. 	Numeric, 1 digit
3	Health professionals do not receive training on Brazilian cervical cancer screening guidelines. 	Numeric, 1 digit
4	Are you familiar with the Brazilian cervical cancer screening guidelines? 1. No 2. Yes	Numeric, 1 digit

Block D2. Barriers to adherence to Brazilian guidelines for breast cancer screening in the State of São Paulo

1	There is no clearly defined referral pathway for diagnostic confirmation of breast cancer in the unit where I work or when referring patients to another unit. 	Numeric, 1 digit
2	There is no clearly defined referral pathway for initiating treatment of breast cancer. 	Numeric, 1 digit

3	Health professionals do not receive training on Brazilian breast cancer screening guidelines.  	Numeric, 1 digit
4	Are you familiar with the Brazilian breast cancer screening guidelines? 1. No 2. Yes	Numeric, 1 digit

Interview Completion (Interviewer)

1	Interview end time	hh:mm
2	Interviewer code	Numeric, 2 digits
3	Interview date	dd/mm/yyyy
4	Interview outcome 1. Completed; 2. Refused; 3. Interrupted **Note:** If the interview is refused, attempt to obtain the staff member's role in the health care unit and the name of the unit.	Numeric, 1 digit
5	Interview notes (if applicable)	Open-ended field