6. ONLY FOR WOMEN WHO ARE AGE 40 YEARS AN OLDER:

In order to have a complete and up to date medical record for you, we need to know where you had your LAST mammogram. If you had a mammogram that was NOT part of the Fernald Medical Monitoring Program, we do not have that information.

During the LAST year, did you have a mammogram which was NOT arranged through the Fernald Medical Monitoring Program?

☐ NO
☐ YES If YES, Where? __________________________

When? __________________________, 199__

Were the results: □ Normal
☐ Not Normal

What was the problem? __________________________

If you did NOT have a mammogram in the LAST year, we are interested in the reason or reasons. Please check all that apply, but put a * by the most important reason.

☐ I do not think it is very important to my health to have a mammogram.
☐ I don't have time.
☐ I'm too old.
☐ It costs too much.
☐ I don't have a convenient place to go for the mammogram, or have transportation problems.
☐ When I last had a mammogram, it was very uncomfortable/hurt.
☐ I don't like the feeling of having a stranger touching my breasts.
☐ I do not want the radiation that comes with the X-ray.
☐ Other: __________________________