



Orange County Intergenerational Breast Cancer Awareness Project
 “Be A Breast Health Ambassador!”

EVALUATION FORM (3 pages)
(Can be completed in English or Chinese)

PART I: SHARE YOUR THOUGHTS WITH US

[Completed by child] You have shared breast health information with your mom and encouraged her to receive breast cancer screening every year. What does this experience mean to you? What are your thoughts and feelings? Please describe.

[Completed by mom] Your child has shared breast health information with you and encouraged you to receive breast cancer screening every year. What does this experience mean to you? What are your thoughts and feelings? Please describe.

[由母親填寫] 從這一次孩子提供您乳癌資訊並提醒您要每年接受一次乳癌篩檢的過程中，您有哪些感想和心得呢？請與我們分享。

PART II: BREAST HEALTH BASICS REVIEW

[Completed by mom or together with child 由母親填寫，或由母親及孩子一同填寫]

[Please refer to the enclosed breast health educational materials 答案請參考所附乳癌知識材料]

1. What are the two most important risks/ reasons for getting breast cancer?

構成罹患乳癌最主要的 2 個原因是：

1) _____ 2) _____

2. Most women with breast cancer do not have anyone in their family with breast cancer.

大部分罹患乳癌的婦女，家族中都沒有人得過乳癌。

True 是 False 否

3. What are the 4 things that a woman can do to take care of her breast health?

“乳房自我認知”包含了哪四件事項來保障自我乳房的健康？

1) _____
2) _____
3) _____
4) _____

4. Women should have a mammogram every year starting at age _____ .

婦女應從 _____ 歲開始，每一年要接受乳房 X 光攝影檢測。

5. Women should have a clinical breast exam every year starting at age _____ .

婦女應從 _____ 歲開始，每一年要接受臨床乳房檢查。

PART III: BREAST CANCER SCREENING INFORMATION

[Completed by mom 由母親填寫]

1. Have you had a mammogram within the past year?

您在過去一年 (12 個月) 內是否曾經接受過乳房 X 光攝影檢測？

Yes 是 No 否

2. After being approached by your child for breast health awareness, would you like to make a commitment to have a clinical breast exam and a mammogram every year to take care of your breast health?

在您的孩子與您分享乳癌的資訊及定期篩檢的重要後，您是否願意從今天開始承諾每一年接受乳癌篩檢 (臨床乳房檢查 & 乳房 X 光攝影檢測) 來注重自我的乳房保健？

Yes 是 No 否

若回答為否，請註明原因： _____



PART IV: CONTACT INFORMATION

Child's Name: _____ Age: _____

Phone number: _____

Home address: _____

E-mail: _____

Mother's Name: _____ Age: _____

Phone number: _____

Home address: _____

E-mail: _____

If you (mom and child) are being selected by AASCSC to share what you wrote for PART I on this evaluation form with the audience at AASCSC's intergenerational breast health conference on October 23, 2010, are you both willing to do so?

Yes No

Signature of Child: _____ Date: _____

Signature of Mom: _____ Date: _____

Please e-mail or mail the completed evaluation form to:

Asian American Senior Citizens Service Center (AASCSC)

Attn: Cancer Control Program

850 N. Birch St., Santa Ana, CA 92701

E-mail to: Carol Wang

carolwang@aascsc.org

For questions or more information, please call:

714-560-8877 x 104 or 106

**THANK YOU VERY MUCH FOR YOUR PARTICIPATION
&
BEING A BREAST HEALTH AMBASSADOR!**