

Phone Script follow-up,
1-2 weeks after reminder handout was mailed

Date: _____

Time: _____

Good morning / afternoon. May I speak with _____?

(if not available, ask for a good time to call her back, thank person their time; hang up) Date, time to call back: _____

**My name is _____ and I am calling from
<INSERT ORGANIZATION NAME HERE>. Do you have a
couple minutes to talk?**

(If not, ask when would be a good time to call her back, thank her for her time, hang up) Date, time to call back: _____

**We mailed you a reminder handout about getting breast
cancer screening and a breast health care pamphlet. Did
you receive this?**

(If not, verify her address and read the flyer to her. Mail a copy of flyer to woman afterwards.)

**We are calling every woman who was mailed a reminder
handout to see if you have scheduled an appointment to talk
with your doctor about risks for breast cancer and about
getting a mammogram.**

**This breast cancer screening reminder program is important
because having regular screening mammograms is the best
way find breast cancer early, when it is easiest to treat and
cure. Breast cancer can affect all women, including those
with disabilities. Your risk increases as you age. Beginning
at age 40, all women should get a mammogram each year.**

Leading cancer groups have different views on when to begin routine mammography screening. Find out if your funder recommends routine screening starting at 40 or 50 years of age.

Beginning at age 20, all women should get their doctor to examine their breasts.

Are you pregnant?: If yes, please ignore the recommendation to get a mammogram during your pregnancy. We will still keep you in our reminder program.

Are you nursing: If yes, please ignore the recommendation to get a mammogram when you are nursing and schedule a screening mammography visit approximately six months after you stop nursing. You will remain in our reminder program.

Have you had a mammogram in the past year?

If Yes to mammogram–

- **You're already ahead of the game. Congratulations. Early detection is the key.**
- **When did you get your mammogram, so that we can send you a reminder next year? Do you know the month or how many months ago?** Mammogram month _____
- **May I ask if the findings were okay?** [If positive findings, offer resources for support (NC Breast Cancer Resource Directory)] Yes No
- **Is there anything you would like to tell us about your experience getting your mammogram?** Notes:

If No to mammogram or doctor exam – **What can we do to help you make your appointment?**

- **Do you know a mammography site to go to? We have a list of facilities in your area** Yes No
- **Do you have a primary doctor the mammography site can send the results to and to do a breast exam?**

Yes No If not, brainstorm with woman on ways to find a doctor.

• **Do you need help to pay for:**

-the mammogram Yes No

-the doctor exam Yes No

-personal assistance Yes No

-transportation to the appointment Yes No

• **The project has limited funds available to help cover some of these costs. We can try to help you.**

Document help provided to woman. Notes:

Do you have any other questions?

Ms. _____, thank you for your time today.

If you need additional assistance or have any future questions, please give us a call at Alliance of Disability Advocates. Our phone number is 919. 833.1117 V/TTY.

Thank you.

