

Description of CIF Variables and Valid Responses
(based on 2010 CIF Data Dictionary and proposed changes for 2011) *As of June 14, 2010*

Office Use Only Section - Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
Agency ID	Unique agency (grantee) identifier	Agency ID is assigned by the Coordinating Center. Continuing grantees should use the same Agency ID from one year to the next.	No change	
Client ID	Unique client identifier (UCI)	Client ID is assigned by your agency. Ideally, this would be a unique client identifier (UCI) that allows your agency to track individual clients over time.	Increase length of Client ID from 6 to 15 characters. Note: NBCCEDP uses a 15 character Unique ID determined by each program.	
Today's Date	Date this form was completed. Not necessarily the same as date of screening appointment(s).	Enter date as MM/DD/YY.	No change See also proposed <i>Office Use Only</i> variable (Date of mammogram)	
Services to be paid for by: <i>(check all that apply)</i>	Indicate any sources of payment that will be used to cover the cost of client's screening mammogram and/or CBE.	Select all appropriate responses from the list provided. Medicaid – Services will be billed to Medicaid. Medicare – Services will be billed to Medicare. Private Insurance – Services will be billed to client's private insurance. BCCEDP – Services will be paid for through my State's Breast and Cervical Program. Fee for service – Client will pay a fee for	Clarify label for BCCEDP. Labels should correspond with quarterly data report (currently "CDC Contractor") Remove "Fee waived" Add "Komen Grant" Add "Indian Health Service" Add "Private Donations"	

Office Use Only Section - Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		screening. Fee waived – Services will be paid for through a source other than the above. Client will not be billed.	Add “Other”	

Client Intake Questions – Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
1. What is your age?	Client’s age at time this form was completed. Not necessarily the same as age at screening appointment(s).	Enter two-digit age in years.	No change	
2. What is your ethnicity? (check one)	Client’s <u>self-reported</u> ethnicity.	<i>Categories are based on Federal OMB Standards for the Classification of Data on Race and Ethnicity.</i> Hispanic or Latino(a) – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. The term “Spanish origin” can be synonymous with “Hispanic or Latino(a)”. Not Hispanic or Latino(a) – A person who does not identify her ethnicity as Hispanic or Latino(a). If client refuses to respond, leave this question blank.	No change	
3. What is your race? (check all that apply)	Client’s <u>self-reported</u> race.	<i>Categories are based on Federal OMB Standards for the Classification of Data</i>	Revise to ensure all categories comply with Federal OMB	

Client Intake Questions – Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		<p><i>on Race and Ethnicity.</i> Multiracial clients should select all categories that apply. Black or African American – A person having origins in any of the black racial groups of Africa. White or Caucasian – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Pacific Islander or Native Hawaiian – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. Native American/Native Alaskan – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment. Other – A person who does not identify with any racial category previously described. If client refuses to respond, leave this</p>	<p>standards Change “check all that apply” to “check one or more” Reformat list to read alphabetically Revise “White or Caucasian” to “White” Revise “Pacific Islander or Native Hawaiian” to “Native Hawaiian or other Pacific Islander” Revise Native American/Native Alaskan” to “American Indian or Alaska Native”</p>	

Client Intake Questions – Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		question blank.		
4. Primary language spoken? (check one)	Client's <u>self-reported</u> primary language	Select one response from the list provided. English Spanish French Portuguese Mandarin Cantonese Arabic Creole Korean Vietnamese Russian Other	No change	
5a. Were you born in the USA?	Client's <u>self-reported</u> place of birth is the United States.	Select "Yes" or "No".	No change	
5b. If not, how long have you lived in the USA?	Number of years the client has resided in the United States (if born outside the US).	Respond only if client responded "No" to 5a. Select one response from the list provided. Less than 1 year From 1 to 5 years More than 5 years	Remove "If not". All clients should respond	
6. What is the HIGHEST grade you completed? (check one)	Client's level of educational attainment.	Select one response from the list provided, based on the highest level of education completed.	Add "No formal education" Consider reducing over of the list to reduce number of	

Client Intake Questions – Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		Less than High School Degree High School Degree GED Some College Associates Degree Bachelors Degree Some Graduate Graduate Degree	duplicate check marks.	
7. What is your annual household income? (check one)	Client's approximate yearly earnings from all persons residing in the same household. Used to estimate financial need.	Select one response from the list provided. If client refuses to respond, leave this question blank. \$5,000 or less \$5,001 to \$10,000 \$10,001 to \$15,000 \$15,001 to \$25,000 \$25,001 to \$50,000 More than \$50,000	No change	
8. How would you describe the area where you live? (check one)	The type of community in which the client resides, based on population density, or other governmental designation.	Select one response from the list provided. Urban/City – An urban area with a population of 50,000 or more people. Suburban – Predominantly residential areas surrounding a town or city. Rural – Areas with lower population density that do not lie inside an urbanized area or urban cluster. Frontier – Sparsely populated rural areas that are isolated from population	Split "Urban/City" into "Big City (more than 100,000 people)", "Mid-size city (50,000 to 100,000 people) and "Small Town" (fewer than 50,000 people) Revise "Urban/City" to read "Town or city with at least 50,000 people" Revise "Suburban" to read	Zip code could be used in addition to type of community to help alleviate some subjectivity or confusion around responses to the categories provided.

Client Intake Questions – Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		<p>centers and services. Frontier is sometimes defined as places having a population density of six or fewer people per square mile.</p> <p>Indian reservation – An area of land managed by a Native American tribe under the United States Department of the Interior's Bureau of Indian Affairs.</p> <p>Other – Client does not identify area of residence with any category previously described.</p>	<p>“Suburb of nearby town or city”. Other categories would remain unchanged.</p> <p>See also proposed new variable, Client's Zip Code of Residence</p>	
<p>9. How did you hear about this program? (check all that apply)</p>	<p>The manner in which the client was informed about or referred to the screening program.</p>	<p>Select all appropriate responses from the list provided.</p> <p>Flyer/Other printed material Clinic/Health care provider Avon representative Other community service Friend/Family/Word-of-mouth YWCA Church Outreach worker TV/Radio Newspaper Other</p>	<p>Change “Flyer/Other printed material” to “Flyer or brochure”</p> <p>Change “Clinic/Health care provider” to “Health care provider”</p> <p>Add “Internet”</p> <p>Add “Email”</p> <p>Add “Annual Reminder from Program”</p> <p>Remove “Other community service”</p> <p>Change “Friend/Family/Word-of-mouth” to “Family or Friend”</p>	

Client Intake Questions – Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
			Separate “TV” and “Radio” Add “Health fair”	
10. What made you decide to come to this program for breast health services? <i>(check all that apply)</i>	The factor(s) that influenced the client’s decision to use grantee’s specific program for breast health services.	Select all appropriate responses from the list provided. Advertisements Incentive/Free gift Encouragement from family/friends Nice facility Friendly/helpful staff Easy to get to Low-cost/Free service Speak my language/Culturally sensitive Concerned about my health Offers transportation and/or child care Open at convenient times for me Other	Add “Referred by my health care provider” Split “Offers transportation” from “Offers child care”	
11a. Do you have health insurance?	Client’s current health insurance status.	Select “Yes” or “No”.	Remove this question. See 11b.	
11b. If yes, check all health insurances you have:	Client’s type(s) of health insurance coverage.	Respond only if client responded “Yes” to 11a. Select all appropriate responses from the list provided. “Other” includes insurance for veterans,	Remove “If yes”. All clients should respond Reword question to “What type of health insurance do you have?” <i>(check all that apply)</i>	

Client Intake Questions – Side 1	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		state-sponsored health plans, or any other type of health insurance besides the categories listed.	Add category “Currently uninsured”	
Client Intake Questions – Side 2	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
12. In the past year, has there been any person or place you have gone to for regular, non-emergency health care?	Client’s utilization of routine health care in the past year.	Select “Yes” or “No”.	Change “regular” to “routine”	
13. In the past year, what types of health care providers have you visited? (<i>check all that apply</i>)	Types of health care providers utilized by client in the past year.	Select all appropriate responses from the list provided. Tribal clinic Hospital clinic Emergency room Traditional healer Private medical provider Family planning clinic Community health center Other None Select “None” if client did not visit any health care provider in the last year.	Add “Health department” Change question to read “In the past year where have you gone for your health care services?”	
14. Have you ever had breast cancer?	Client’s personal history of breast cancer.	Yes No	Remove this question. See proposed new variable.	
15. Has anyone in your family had breast cancer?	Client’s family history of breast	Yes No	Remove this question. See proposed new variable.	

Client Intake Questions – Side 2	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
	cancer. Refers to genetic (blood) relatives.	Don't know		
16a. Prior to coming to this agency, have you ever had a breast exam by a doctor or nurse?	Client's history of having a clinical breast exam before ever coming to your program. For a returning client, this refers to any exam that took place before the client ever visited your agency.	Yes No	Remove this question. See 16b.	
16b. If yes, how long ago was your last breast exam?	Recency of client's last breast exam.	Less than a year ago From 1 to 2 years ago More than 2 years ago Never had one	Remove "if yes". All clients should respond	
17. Did you know about mammograms before this program?	Client's prior knowledge of mammograms for breast cancer screening.	Yes No	Add "Not sure"	
18a. Prior to coming to this agency, have you ever had a mammogram?	Client's history of having a mammogram before ever coming to your agency. For a returning client, this refers to any	Yes No	Remove this question. See 18b.	

Client Intake Questions – Side 2	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
	mammogram that took place before the client ever visited your agency.			
18b. If yes, how long ago was your last mammogram?	Recency of client’s last mammogram.	Less than a year ago From 1 to 2 years ago More than 2 years ago Never had one	Remove “if yes”. All clients should respond	
19a. Before participating in this Program, have you ever been taught by a medical professional to examine your own breasts?	Client’s history of learning self breast exam before ever coming to your agency. For a returning client, this refers to any breast self exam education that took place before the client ever visited your agency.	Yes No	Remove “Before participating in this Program”. Remove “by a medical professional” Add “Not sure”	
19b. If yes, how often do you examine your breasts?	Recency of client’s last breast self exam.	More than once a month About once a month Rarely Never	Remove “If yes”. All clients should respond	
20. If you have NEVER had a mammogram OR have NOT had one in the past 2 years, why haven’t you? <i>(check all that apply)</i>	Reasons why client never had a mammogram or has not had one in the past 2 years.	Select all appropriate responses from the list provided. No health insurance/Too expensive Too young to have one	Split “No health insurance” from “Too expensive” Change “Nothing wrong with me/No problems “ to	

Client Intake Questions – Side 2	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		Nothing wrong with me/No problems Never had breast cancer in our family Don't think it would find breast cancer My doctor has not recommended one Don't trust/feel comfortable with medical providers Goes against my faith/religion Goes against my culture Afraid of finding a problem Not a priority in my life/Too busy Didn't know I should Too embarrassing or painful No transportation Afraid of the mammography machine/radiation My family did not want me to go Believe my health is in God's hands	"Nothing wrong with me" Change "Don't trust/feel comfortable with medical providers" to "Don't trust medical providers" Split "Not a priority in my life" from "Too busy" Split "Too painful" from "Too embarrassing" Split "Afraid of mammography machine" from "Afraid of radiation"	

Office Use Only Section – Side 2	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
Exam type: Mam	Exam type for mammogram (Mam).	Initial (1st at this agency) – New client having her first screening mammogram with your agency (not necessarily her first mammogram ever). Annual – Client returning to your agency for routine annual screening mammogram.	Remove variable. Split "Exam Type" and "Visit Type". See new variables proposed.	"Initial" exam confusing if a women is a new client but has had a prior mammogram "Annual" exam confusing if women not screened annually
Exam type: CBE	Exam type for clinical breast exam (CBE).	Initial (1st at this agency) – New client having her first CBE with your agency (not necessarily her first CBE ever).	Remove variable. Split "Exam Type" and "Visit Type". See proposed new variables.	

Office Use Only Section – Side 2	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		<p>Annual – Client returning to your agency for routine annual CBE.</p>		
<p>Where was this form filled out? <i>(check one)</i></p>	<p>Location where the CIF was completed.</p>	<p>Select one response from the list provided. Use “Other location” for any type of location not listed.</p> <p>At outreach/education event Over the phone At screening appointment/provider’s office At client’s home Other location</p>	<p>Add “By mail”</p> <p>Change “Other location” to “Other”</p> <p>Change “At outreach/education event” to “At outreach event”</p> <p>Change “At screening appointment/provider’s office” to “At screening appointment”</p>	<p>“At screening appointment” would encompass mobile screening.</p> <p>Other data elements inform where client will have mammogram, and type of mammography equipment.</p> <p>By mail does not answer “where was form filled out.”</p>
<p>Who filled out this form? <i>(check one)</i></p>	<p>Specify who completed the CIF with the client, or if the client completed the form on her own.</p>	<p>Select one response from the list provided. If none of the options accurately describes the person who filled out the form, leave this question blank.</p> <p>Client or Client w/interpreter Outreach worker Clinical/Medical provider Other clinic staff</p>	<p>Split “Client” from “Client with Interpreter”</p> <p>Change “Clinical/Medical provider” to “Health care provider”</p> <p>Change “other clinic staff” to “Other”</p>	
<p>Where will client go to have a mammogram? <i>(check one)</i></p>	<p>Location where the client will go for her mammogram.</p>	<p>Select one response from the list provided. Use “Other location” for any type of location not listed.</p> <p>Hospital imaging center Community health center Primary care provider’s office Church</p>	<p>Add “Radiology facility”</p> <p>Remove “Other community site”</p> <p>Change “Other location” to “Other”</p> <p>Add “Not applicable”</p>	

Office Use Only Section – Side 2	Description	Valid Responses	Proposed Changes for 2011	Comments or Suggestions
		Jail/Prison Senior center Community center Shelter Other community site Other location		
Type of mammography equipment to be used	Type of equipment that clinical provider will use to perform the client's mammogram.	Mobile unit – A mobile mammography machine that can be transported from one location to another and is set up in a clinic or other indoor setting. Mobile van – A mobile coach or van that is equipped with mammography equipment so that a client may be screened inside the vehicle. Stationary unit – A mammography machine that is operated in one location inside a clinic or other indoor setting.	Add “Analog” and “Digital” Add “check all that apply”	May be of interest for analysis purposes – what proportion of exams are performed on digital or mobile equipment

Proposed New Variables under Consideration	Description	Valid Responses	Rationale for proposed new variables	Comments or Suggestions
EDU Type (Office Use Only section)	If breast health education was provided, type of contact	I (Individual) G (Group) O (Other) N/A (Not applicable)	Optional variable for grantees that wish to track educational contacts at the individual level	
Exam Type (check all that apply) (Office Use Only section)	Type of screening exam	Screening Mammogram Diagnostic Mammogram Clinical Breast Exam Other	New variable would replace “Exam Type: Mam” and “Exam Type: CBE”.	Would correspond with aggregate data collected on the quarterly report.

Proposed New Variables under Consideration	Description	Valid Responses	Rationale for proposed new variables	Comments or Suggestions
Visit Type (Office Use Only section)	Client's type of visit to this agency	Initial (new client) Routine (returning client) Other	New variable would replace "Exam Type: Mam" and "Exam Type: CBE".	
CBE date (Office Use Only section)	Date on which the clinical breast exam was performed	Enter date as MM/DD/YY If client did not have a CBE, leave blank	Would help distinguish date on which the CIF was completed from the date on which the CBE was performed.	
CBE outcome (Office Use Only section)	Outcome of CBE	N (Normal) A (Abnormal – Not Breast Cancer) B (Abnormal – Breast Cancer) U (Unknown)	Optional variable for grantees that wish to track client outcomes at the individual level	
Mamm Date (Office Use Only section)	Date on which mammogram was performed.	Enter date as MM/DD/YY If client did not have a mammogram, leave blank	Would help distinguish date on which the CIF was completed from the date on which the mammogram was performed.	
Mamm Outcome (Office Use Only section)	Outcome of Mamm	N (Normal) A (Abnormal – Not Breast Cancer) B (Abnormal – Breast Cancer) U (Unknown)	Optional variable for grantees that are able to track client outcomes at the individual level	
What is your gender?	Client's self-reported gender identity	Female Male Transgender Other Unknown	Based on categories collected by HRSA. NBCCEDP does not currently collect this variable.	This question may be challenging or uncomfortable for some grantees or clients.
How would you describe your sexual orientation?	Client's self-reported sexual orientation	Heterosexual Lesbian, Gay or Bisexual Other Unknown	Reflects categories already collected on Agency Profile form.	This question may be challenging or uncomfortable for some grantees or clients
What is the postal zip	Client's postal zip	5-digit postal code	Could be used in conjunction	

Proposed New Variables under Consideration	Description	Valid Responses	Rationale for proposed new variables	Comments or Suggestions
code where you live?	code in the area where they live		with question 8 (describe the area where you live) for geographic analysis	
How many times have you used this program to access breast health screening services?	Number of times clients has received breast health screening services through your program	First time 2 nd time 3 rd time More than 3 times	This question will help us understand how frequently clients return.	
Do you currently have any breast symptoms, such as a lump, rash, unusual pain, or nipple discharge?	Presence of breast symptoms	Yes No Not Sure	Part of NBCCEDP client data	
Have you ever had breast cancer, or ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS)?	Client's history of breast cancer, DCIS, or LCIS	Yes No Not Sure	Part of Gail Model Risk Predictor (http://www.cancer.gov/bcrisktool) Consider as replacement for #14.	
How many of your first-degree relatives - mother, sisters, daughters - have had breast cancer?	Client's family history of breast cancer	0 1 More than 1 Not sure	Part of Gail Model Risk Predictor (http://www.cancer.gov/bcrisktool) Consider as replacement for #15.	

Proposed New Variables under Consideration	Description	Valid Responses	Rationale for proposed new variables	Comments or Suggestions
Have you ever had a breast biopsy?	History of breast biopsies?	Yes No Not Sure	Adapted from Gail Model Risk Predictor (http://www.cancer.gov/bcrisktool)	
What was your age at the time of your first menstrual period?	Client's age at onset of menses	Enter 2-digit age in years If unknown or not applicable leave blank	Part of Gail Model Risk Predictor (http://www.cancer.gov/bcrisktool)	Client's recall of this information may be inaccurate
What was your age at the time of your first live birth of a child?	Client's age at first live birth	Enter 2-digit age in years If unknown or not applicable leave blank	Part of Gail Model Risk Predictor (http://www.cancer.gov/bcrisktool)	
Have you ever been told by a clinician that you are at high risk for breast cancer?	Client's knowledge of individual risk based on health care provider's assessment	Yes No Not Sure		
How often are you exposed to cigarette smoke?	Client's exposure to tobacco smoke	All day, every day A few times a day A few times a week Once a month Less than once a month Never	Question adapted from University of Wisconsin Tobacco Control Board, Wisconsin Tobacco Control Board, dated April 2002 (http://www.uwex.edu/ces/tobaccoeval/resources/surveyquestions.html)	

General:

Add "continue on the other side" at bottom of sheet.