



HCHS/SOL-DAMAS

Additional Mammogram Form – DMB

QxQ

9/24/2024

Introduction

The SOL-DAMAS Additional Mammogram form is designed to capture information about the request for an additional mammogram from a participant who consented and was eligible to participate in the SOL-DAMAS ancillary study but whose first requested mammogram was unavailable.

Question by Question Instructions

For each question, enter or select the appropriate response.

Follow up with participant

- Q1.** Enter the date the participant was re contacted, month, day, and year.
- Q2.** Ask participant if she had a mammogram at a different clinic/hospital than previously indicated within the last 10 years. Let her know you are requesting this information because the first mammogram requested was unavailable.
- Q3.** Record the name of the clinic/hospital where they had another mammogram within the last 10 years.
- Q4.** In questions 4a-d record the address of the clinic/hospital where they had another mammogram within the last 10 years.
- Q4a.** Record the street address of the clinic or hospital where they had another mammogram in the last 10 years.
- Q4b.** Record the city of the clinic or hospital where they had another mammogram in the last 10 years.
- Q4c.** Record the zip code (5 digits) of the clinic or hospital where they had another mammogram in the last 10 years.
- Q4d.** Record the state (2 letter state abbreviation in capital letters) of the clinic or hospital where they had another mammogram in the last 10 years.
- Q5.** Record if the additional mammogram was obtained.
- Q6.** Write any notes that you may find helpful.