



Young Sisters Initiative: A Guide to a Better You!

Unity. Strength. Power. Change

Form Approved
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Young Sisters Initiative Program Demographic Screener

Welcome and thank you for visiting the Young Sisters Initiative: A Guide to a Better You Program! The YSI program is targeted to African American young breast cancer survivors to provide you with information and resources to help you during your cancer journey. The YSI program provides you with information on coping with fear of recurrence, fertility, and sexual dysfunction); ways to cope with psychosocial and reproductive health issues; and ways to cope with the side effects of breast cancer treatment.

To access the YSI program information you must register for the site. Please complete the brief screener below as part of an evaluation study before registering for YSI program access. The purpose of the screener is to gather your demographic information (such as age, race, and breast cancer diagnosis) so that we can understand who uses the YSI program. The screener should take you less than 5 minutes to complete. Your answers will be maintained in a secure manner and will only be shared with members of the evaluation team. We will not link your responses to any information that identifies you as an individual. Your responses will be used to shape the content and structure of the YSI program to best meet the needs of African American young breast cancer survivors. Your participation is voluntary. By completing the screener, you are agreeing to participate in the evaluation study. Once you have completed the screener, you will be asked to create a username and password that you can use to access the site at your leisure.

If you are already a registered user, click [here](#) (allows users to enter user name and password and proceed to the YSI Web site).

1. How did you hear about the YSI program?

- Friend
- Family member
- Internet
- Radio advertisement
- Newspaper advertisement
- Sisters Network Inc.
- Other (please specify)

2. What type of YSI program user are you?

- Breast cancer survivor
- Spouse/family member
- Caregiver
- Health care provider
- Other (please specify)

3. What is your current age?

4. Are you Hispanic or Latina?

- Yes
- No

5. Which of these groups represent your race? Select one or more.

- Black or African American
- White
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

6. Are you a breast cancer survivor?

- Yes
- No

[Continue](#)

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, Mailstop D74, Atlanta, GA 30333; ATTN: PRA 0920-XXXX. Do not return the completed form to this address.

Disclaimer: All information on URL is provided for educational purposes only. It is not intended to provide medical advice or serve as a substitute for medical advice, diagnosis or treatment or for the care that patients receive from their healthcare providers. Please consult your healthcare provider for more specific information about your breast cancer.



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7. What was the year of your breast cancer diagnosis?

8. Were you diagnosed with breast cancer on or before your 45th birthday?

- Yes
 No

9. What was the stage of your breast cancer at diagnosis?

- Stage I
 Stage II
 Stage III
 Stage IV
 Other (please specify)

10. Which of the following statements BEST describes your family structure?

- I have one or more children and plan to have more children in the future
 I do NOT have any children but plan to have one or more children in the future
 I have one or more children but do NOT plan to have any more children in the future
 I do NOT have children and do NOT plan to have any children in the future
 Other (please specify)

Number of children:

11. Please describe your treatment history (check all that apply):

Surgery

Year of most recent surgery:

- Lumpectomy
 Mastectomy

Chemotherapy

Date of most recent chemotherapy:

Biologics

- Herceptin
 Avastin

Hormonal therapy

Start date of hormonal therapy:

Radiation therapy

Start date of radiation:

Other treatment

Please specify:

12. Are you willing to participate in a brief survey following your use of the YSI website to tell us about your experience with the YSI program?

- Yes
 No

[Continue](#)

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