

**FLORIDA RIGHT TO KNOW CAMPAIGN  
Women's Health Promotion- Module B  
Florida Office on Disability and Health  
College of Public Health and Health Professions  
University of Florida**

**Mammography Facility Accessibility Telephone Survey**

**Introduction:**

Hello, my name is \_\_\_\_\_ and I am calling from the University of Florida to conduct a short interview about accessibility for people with disabilities. Can I speak with the radiology supervisor or office manager at your facility?

***(If prompted, provide more information):***

I am calling from the new state-wide Florida Office on Disability and Health at the University of Florida. We're working on a health communications campaign that was created by the Center's for Disease Control and Prevention, (or the CDC), to disseminate education materials that promote breast cancer screening for women living with physical disabilities. We are now putting together a resource guide of mammography clinics to help women prepare for their visits and we would like to include your facility. This information will be made available on our website. How can we arrange to conduct a very short interview with the Radiology Technologist Supervisor or Office Manager at your facility? .

***[If this person is not available, ask to speak with a radiologic technologist or other office staff person who could answer the questionnaire]***

***(Alternative information - shorter):***

The purpose of our call today is to ask if you would be interested in including information about your facility in our resource guide. Participating will not cost you any money and involve answering a 10 minute survey about accessibility. This survey will be very valuable to women living with physical disabilities.

***(Introduction to interviewee):***

Hello, my name is \_\_\_\_\_. I am calling from the new state-wide Florida Office on Disability and Health at the University of Florida. We are working on a health communications campaign created by the Center's for Disease Control and Prevention, (or the CDC), called "The Right To Know" that involves disseminating education materials promoting breast cancer screening among women with physical disabilities. We are putting together a resource guide of mammography clinics to help women prepare for their visits that will be shared on our project website. Please know that you do not have to answer any questions you do not wish to answer. This survey will be very valuable to women living with physical disabilities.

**First Call:**

**Facility Name:** \_\_\_\_\_

**Contact Name / Position:** \_\_\_\_\_

**Contact Number:** \_\_\_\_\_

**Contact E-mail (optional):** \_\_\_\_\_

**Date/ Time to call back:** \_\_\_\_\_

**Not Interested in participating (reason):** \_\_\_\_\_

**BEGIN INTERVIEW:**

Interviewee Name / Position: \_\_\_\_\_

1. Do you have time to answer these questions right now?  
Yes / No
2. If NO: when would be a better time to call you back? \_\_\_\_\_

**A. FACILITY DEMOGRAPHICS****1. Contact information:**

Name of facility: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Website: \_\_\_\_\_

E-mail: \_\_\_\_\_

Hours of operations: \_\_\_\_\_

2. Do the patients need provider referral for a mammogram?  
Yes / No
3. Can you accommodate Spanish speaking patients?  
Yes / No
4. Are your forms available in English and Spanish?  
Yes / No
5. Do you provide translation services for a Spanish speaking patient? Or do you have staff that speaks Spanish?  
Yes / No

**B. CUSTOMER SERVICE**

1. Is the staff trained on how to provide services to people with disabilities?  
Yes / No

If Yes, please describe:

\_\_\_\_\_

2. Do you currently accept patients with Medicare  
**Yes / No**
3. Do you currently accept patients with Medicaid?  
**Yes / No**
4. Do you accept Florida Breast and Cervical Cancer Early Detection Program otherwise known as FBCCEDP patients?  
**Yes / No / Don't know**  
*(The Florida Breast and Cervical Cancer Early Detection Program is a breast and cervical cancer screening program that provides reduced-cost or free mammograms, clinical breast exams and Pap smears to low-income, uninsured women between the ages of 50 and 64. The program is funded by the Centers for Disease Control and Prevention (CDC) as part of the National Breast and Cervical Cancer Early Detection Program.)*
5. Does a patient need to have county or country residency to get services at your facility?  
**Yes / No**
6. Does a patient need to pay up front for her health care services?  
**Yes / No**
7. Do you offer free and/or reduced cost services for self paying patients?  
**Yes / No**  
**If Yes**, what is the cost? \_\_\_\_\_  
a. Does this include a radiologist fee or other doctor's fee?  
**If Yes**, what is this cost? \_\_\_\_\_
8. What is the cost of a general screening mammography that is billed to an insurance company?  
\_\_\_\_\_  
a. Does this include a radiologist fee or other doctor's fee?  
**If Yes**, what is this cost? \_\_\_\_\_
9. How and when do women get their screening results? Is it the same day?  
\_\_\_\_\_

**C. FACILITY ACCESS:**

**C1) PARKING:**

1. Do you provide van accessible parking spaces?  
**Yes / No**
2. Do you provide accessible parking spaces for standard car sizes?  
**Yes / No**
3. Is there a place where transport vehicles can drop patients off near the entrance?  
**Yes / No**

4. Approximately how far is the closest bus stop?
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**C2) BUILDING:**

1. Is there a curb cut to the sidewalk?  
**Yes / No**
2. Is there a ramped or level entry to access the building?  
**Yes / No**
3. Does the building have an automatic door option on main entrance?  
**Yes / No**
4. Does the building have automatic door options on interior entrances?  
**Yes / No**
5. Are all doorways and hallways wide enough to access using a wheelchair or scooter?  
**Yes / No**
6. Do you have an elevator if services are located on upper levels?  
**Yes / No**

**C3 WAITING AREA:**

1. Can the reception or waiting room space accommodate someone using a wheelchair, scooter or service animal?  
**Yes / No**
2. Do you have reachable countertop heights for a person using a wheelchair?  
**Yes / No**

**C4 DRESSING ROOM:**

1. Can the dressing room accommodate someone using a wheelchair, with an assistant, scooter or service animal?  
**Yes / No**

**C5 RESTROOM ACCESS:**

1. Do you have an accessible toilet stall for a person using a wheelchair? (*with guard rails and appropriate height for a person using a wheelchair*)  
**Yes / No**
2. Are the sink and the fixtures accessible for a person using a wheelchair?  
**Yes / No**
3. Can the restroom accommodate someone using a wheelchair or scooter, or with an assistant or service animal?  
**Yes / No**

**C6 MAMMOGRAPHY SUITE:**

1. How many mammography suites do you have?

\_\_\_\_\_

2. Is there enough space for a wheelchair to maneuver around the mammography machine?  
**Yes / No**

3. Is the patient able to bring a personal assistant into the mammography room?  
**Yes / No**

4. Does the mammography machine lower and tilt to accommodate a person using a wheelchair?  
**Yes / No**

5. Do you have adjustable-height examining tables?  
**Yes / No**

6. Do you have specialized exam chairs?  
**Yes / No**

7. Do you have digital or film mammography machines?  
**Digital** \_\_\_\_\_ **Film** \_\_\_\_\_

8. Do you offer alternatives to mammograms like Ultrasound/Sonogram, MRI's, or others?  
**Yes / No**

**If Yes, which alternatives?** \_\_\_\_\_

**D. OTHER:**

1. Does your office run or take part in activities that promote breast cancer screening in your community?  
**Yes / No**

2. Is there anything else you would like to share about your facility?  
**Yes / No**

**If Yes:** \_\_\_\_\_

**Thank you for taking the time to provide us with this valuable information. We will mail your facility the resource guide for verification. The guides will be made available on our "Right To Know" project website.**

**Would you be interested in receiving some of the "Right to Know" health promotion materials?  
**Yes / No****

**Do you have any questions for us?**

**Yes / No**

**Thank you and goodbye!**