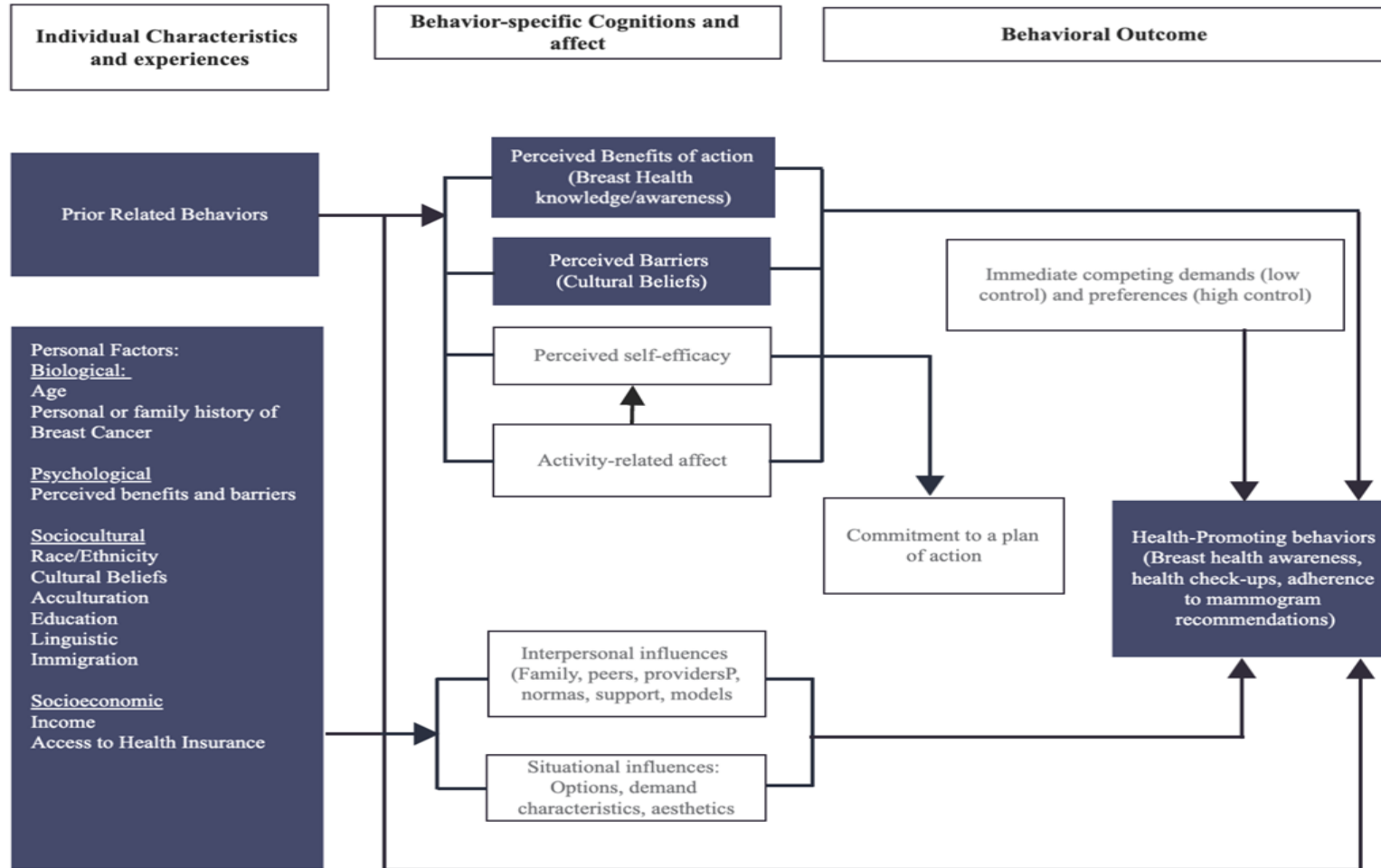


1 Supplemental Figure 1.

2 Application of Pender's Health Promotion Model.

3



4 **Supplemental Table 1.**

5 *Complete Survey.*

6 **A. Demographic information**

7

In what year were you born?	_____
What country were you born in?	<input type="checkbox"/> Myanmar/Burma <input type="checkbox"/> Other: _____
What language do you speak at home?	<input type="checkbox"/> Myanmar/Burmese <input type="checkbox"/> English <input type="checkbox"/> other: _____
How many years have you lived in the United States?	_____ years
Are you currently	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living together <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed
What is your highest education level?	<input type="checkbox"/> Never attended school <input type="checkbox"/> Primary school <input type="checkbox"/> Secondary school <input type="checkbox"/> College <input type="checkbox"/> University or above

Are you currently	<input type="checkbox"/> Unemployed: seeking work <input type="checkbox"/> Unemployed: not seeking work <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired
How would you rate your spoken English?	<input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Little <input type="checkbox"/> Not at all
Do you have health insurance or access to health care?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9 **B. Health checkups**

10 In this section, we would like to ask you about your attitudes
 11 towards health checkups (Going to the doctor for a checkup when
 12 you do not have a specific health problem). Please tick the box
 13 that best represents your case.

		Strongly agree	Agree	Don't know	Disagree	Strongly disagree
1.	If I feel well, it is not necessary to have a health checkup.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	If I follow a healthy lifestyle, such as a balanced diet and regular exercise, I don't feel it is necessary to have a regular health checkup.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I see a doctor or have my health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	checkup only when I have a health problem.					
4.	If I feel healthy, I do not need to see the doctor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15 **C. Knowledge and perceptions about breast cancer**

16 **We would like to know your views on breast cancer. Please tick one**

17 **box that best represents your opinion on each statement.**

		Strongly agree	Agree	Don' t know	Disagree	Strongly disagree
5	Breast cancer is like a death sentence; if you get it, you will surely die from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Breast cancer cannot be cured; you can only prolong the suffering.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Even if breast cancer is detected early, there is very little a woman can do to reduce the chances of dying from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8	If a woman is fated to get breast cancer, she will get breast cancer; there is nothing she can do to change fate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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20 **D. Breast health practices**

21 **This section asks some questions about breast health practices**
22 **including breast self-examination, clinical breast examination and**
23 **mammograms.**

9.	Do you have history of breast cancer? <input type="checkbox"/> No <input type="checkbox"/> Yes
10.	Has anyone in your immediate family (mother, sisters, daughter, grandmother) had breast cancer? <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes If so, who: _____
11.	Have any of your friends had breast cancer? <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Yes How many: _____
12.	Have you heard of a mammogram? (Note: having your breast x-rayed in a machine is called a mammogram) <input type="checkbox"/> Yes <input type="checkbox"/> No (Go to question 18)

13.	How often do you have a mammogram? <input type="checkbox"/> Once a year <input type="checkbox"/> Once every two years <input type="checkbox"/> Once every three years or more <input type="checkbox"/> Never had one Please explain why: _____ (Go to question 17)
14.	How many mammograms have you had in the past 5 years (since 2016)? Number of mammograms: _____
15.	Why did you go for the last mammogram? (tick more than one response as relevant) <input type="checkbox"/> As part of a health checkup (I had no obvious breast problems) <input type="checkbox"/> My doctor advised it <input type="checkbox"/> I received an invitation letter from Breast Screen <input type="checkbox"/> My family organized it for me <input type="checkbox"/> I wanted a mammogram done because it is free of charge <input type="checkbox"/> Because of a breast problem <input type="checkbox"/> Because I believe that early detection could save lives <input type="checkbox"/> I don't know

	<input type="checkbox"/> Others Please explain: _____
16.	Would you prefer the mammographic technician to be male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> No preference
17.	Have any of your friends ever had a mammogram? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know

25 **E. Mammographic screening practices**

26 **We would like to ask you about mammograms. We are interested in**
 27 **your opinion. Please tick the box that best represents your**
 28 **opinion on each statement.**

		Strongly agree	Agree	Don't know	Disagree	Strongly disagree
18.	I'm worried that having a mammogram will hurt my breasts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	It would be difficult to arrange transportation for getting a mammogram.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	I don't want to have a mammogram because I can't speak English.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	I don't want to go for a mammogram because I would	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	need to take off my clothes and expose my breasts.					
22.	Having a mammogram is embarrassing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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