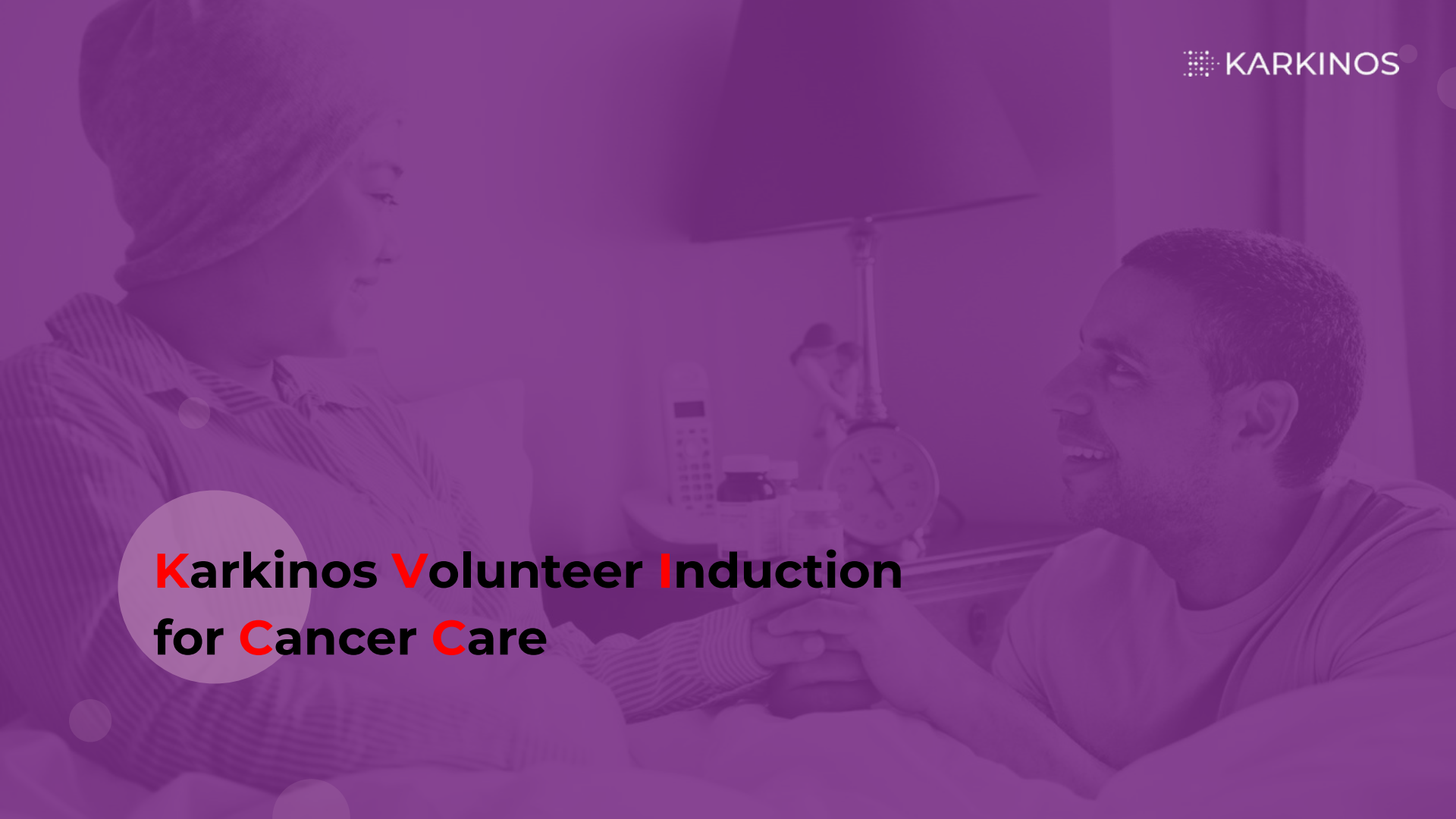
KARKINOS



Karkinos Volunteer Induction for Cancer Care

Self & KH Introduction

Hi, I am <your name>, from <Organisation name >. We are < Brief about the organisation>. Partnered with Karkinos Healthcare which is a tech based Oncology platform working to create a distributed cancer care netwrok

Introducing RA

Are you aware that 70 - 80% of cancers are identified in late stages where treatment is extremely expensive & recovery is just 13%.

So Karkinos is aiming for early detection & to provide affordable and accessible treatment to everyone.

Not only will it make it affordable but therapy will be possible.

Introducing RA

We are performing a Risk Assessment that will help you understand your health & wellness better.

In this short online questionnaire, I'll ask you a few questions about your personal history, way of life, health, & general well-being.

So may we proceed with the questionnaire?

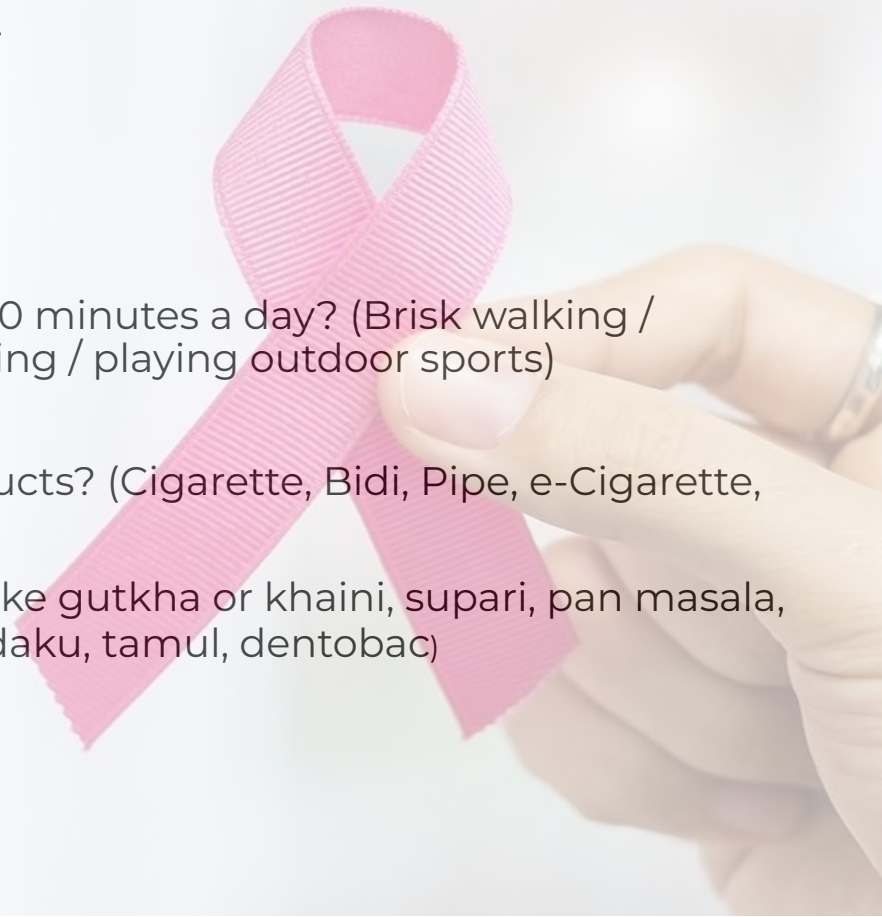
Personal history

1. Do you have past history of cancer?
2. If yes, specify cancer type
3. If others, specify
4. Does anyone in your family have/had cancer? (mother, father, brothers, sisters, son, daughter, uncle, aunt)
5. If yes, specify cancer type
6. If others, specify
7. Do you have diabetes? (High blood sugar)
8. Do you have high blood pressure?
9. Have you suffered/suffering from any heart disease?
10. Do you have family history of diabetes / hypertension / heart disease?



Habit & Lifestyle assessment

1. Height (in cm)
2. Weight (in kg)
3. BMI
4. Do you do any physical activity for at least 20 minutes a day? (Brisk walking / swimming / yoga / running / cycling /mopping / playing outdoor sports)
5. How often do you consume alcohol?
6. How often do you smoke any tobacco products? (Cigarette, Bidi, Pipe, e-Cigarette, etc.)
7. Do you chew tobacco/ aracanut products (like gutkha or khaini, supari, pan masala, zarda, paan with tobacco, masheri, gul , gudaku, tamul, dentobac)



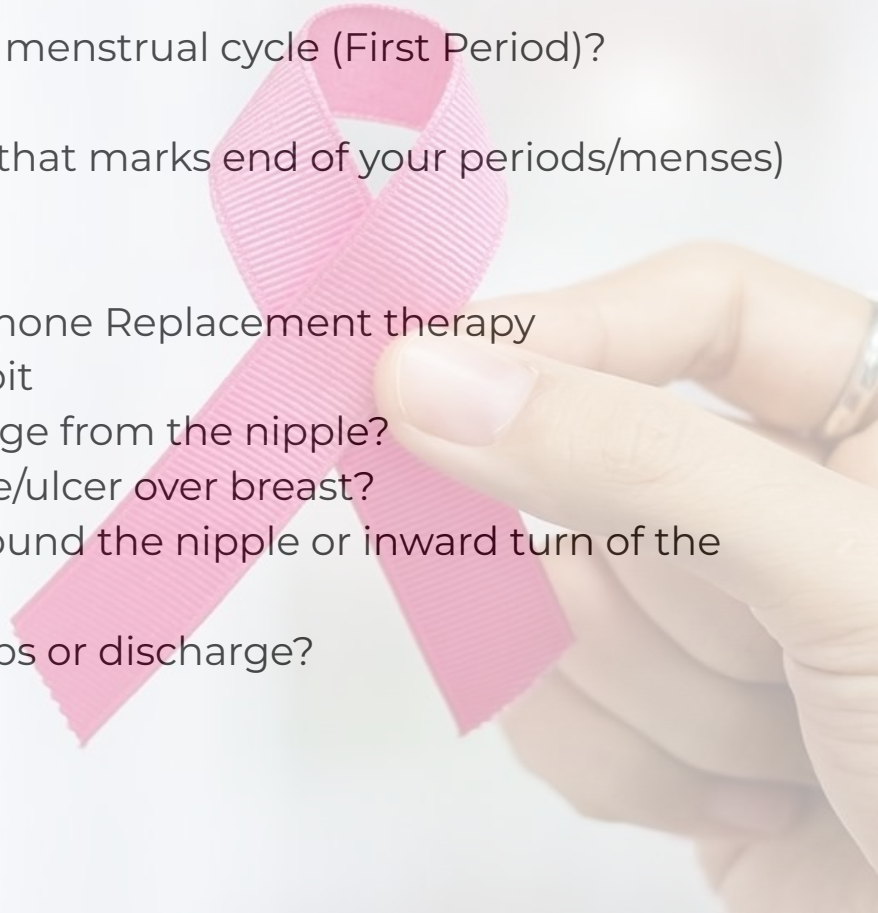
Risk Assessment (oral, head and neck)

Do you get any ulcers or growth in mouth lasting more than three weeks?
Do you have white or red patches in your mouth?
Do you find it difficult to eat spicy food?
Do you have any difficulty in swallowing?
Have you observed any persistent change in voice?
Do you have any swelling in the neck?



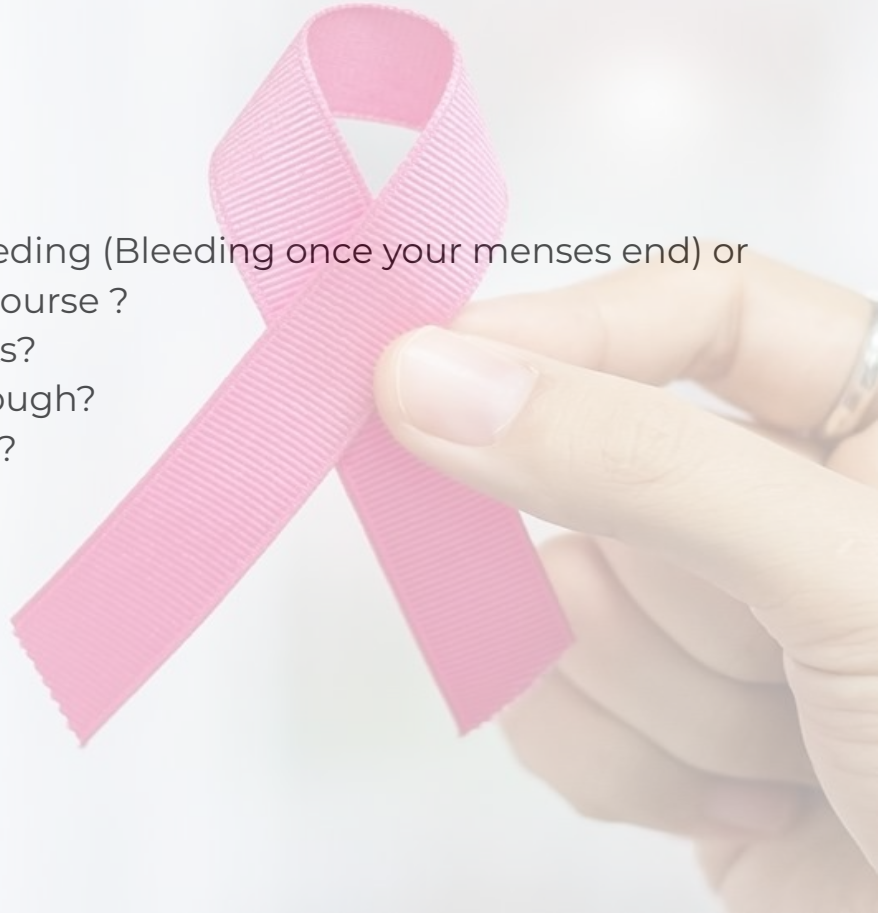
Risk Assessment (breast)

1. What was your age when you had your first menstrual cycle (First Period)?
2. At what age did you have your first child?
3. Have you reached your menopause? (time that marks end of your periods/menses)
4. If yes at what age
5. Did you breastfeed your child
6. Have you used oral contraceptive pills/ Hormone Replacement therapy
7. Do you feel any lump in your breast or armpit
8. Have you noticed any blood stained discharge from the nipple?
9. Have you noticed any change in skin texture/ulcer over breast?
10. Have you noticed any scratch of the skin around the nipple or inward turn of the nipple?
11. Have you had biopsy or tests for breast lumps or discharge?



Risk assessment (cervix)

1. Have you experienced any post menopausal bleeding (Bleeding once your menses end) or inter menstrual bleeding or bleeding after intercourse ?
2. Do you have cough lasting for more than 3 weeks?
3. Have you noticed any blood in sputum, spit or cough?
4. Have you experienced any difficulty in breathing?



Risk assessment (lungs)

1. Do you have cough lasting for more than 3 weeks?
2. Have you noticed any blood in sputum, spit or cough?
3. Have you experienced any difficulty in breathing?



Risk assessment (colon)

1. Have you noticed any blood in the stool?
2. Have you experienced any recent changes in bowel habits ? (loose stools or constipation)?
3. Have you ever had any polyps removed from the colon?



Risk assessment (prostate)

1. Do you have any difficulty in passing urine?
2. Do you experience any urge to urinate frequently at night?
3. Have you experienced blood in the urine or semen?



Cancer screening history

1. Have you ever had any clinical breast examination done by a doctor?
2. Have you ever had mammography/ breast ultrasound scan?
3. Have you ever had Pap smear or HPV testing for cervical cancer?
4. Have you ever had colonoscopy?
5. Have you ever had PSA test for prostate cancer?
6. Have you ever had Clinical examination of oral cavity by doctor?



Handling Questions

How will you ensure that the data shared will be kept confidential?

Sir/Madam, this data will be saved in our system and only be accessed by the medical team for reviewing your profile. It will not be shared with anyone. We have mentioned this in our consent and sought your approval. Only if you approve, we will go ahead with your RA.

When will I receive the report & what does it consist of?

Sir/Madam, you will receive the report within a week. It will have an RA score & advice from a healthcare professional.

Handling Questions

How do you know about RA & cancer related info? Are you a doctor? What's is your qualification?
I am trained in to take the RA, interact with patients/citizens, and do other similar tasks. I'll assist you to fill in the RA & forward it to the medical team for review. They will reach out to you with further updates.

I don't have any Cancer. I don't want to do the RA.
Sir/ Mam, you don't have cancer; but to be on the safe side we suggest you do a health check. The RA is like any health check up. It will help detect, early, any signs, symptoms or abnormalities present.