

Attachment 4

Data Collection Instrument

Physicians' Practices Regarding Prostate Cancer Screening

The Centers for Disease Control and Prevention (CDC) is inviting you to participate in a national survey of physicians being conducted for CDC by the Battelle Centers for Public Health Research and Evaluation.

CDC is interested in your practices and opinions regarding prostate cancer screening. Your opinions will guide CDC and other organizations that develop new clinical training materials, clinical decision support tools, and materials physicians use to counsel and educate patients. Therefore, the input of practicing physicians is very important.

This survey includes questions about your demographic, practice and patient characteristics. Then, we ask about your practices and opinions about prostate cancer screening. Finally, we seek your opinions about your management of prostate-specific antigen (PSA) screening for prostate cancer in your practice under various clinical scenarios.



The survey asks your opinions about a range of PSA screening practices and screening guideline information that has changed rapidly over the last few years and includes questions about practices that may not be the standard of care in your community or may not be endorsed by clinical guidelines.

- 3,000 randomly selected primary care physicians have been sent this survey. We need the response of every physician to make this important study valid and representative of diverse practice styles of U.S. primary care physicians.
- Your responses will be treated in a **secure** manner.
- Battelle must maintain the link between names and participant ID numbers for tracking survey mailings. While Battelle will have the capability to link responses to individual participants, this capability will only be present until data collection is completed. At that point, the tracking file will be destroyed and there will be no way to link responses to you.
- Survey reports will present all findings in aggregate so individual responses cannot be identified.
- On average, the survey will take about 30 minutes to complete.
- Some questions about your provision of advice to patients about prostate cancer screening, or about your practices that may differ from institutional clinical practice recommendations may cause you discomfort.
- Your participation in this survey is **voluntary**. You may choose to withdraw from the study or to skip any questions that you do not want to answer.

Public reporting burden of this collection of information varies from 20 to 40 minutes with an estimated average of 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining 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, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

Section I: Physician and Practice Characteristics

This part of the survey asks questions that will let us describe the participants who respond to the survey. **Please write in or check (✓) the best answer.**

1. What is your age? _____
2. What is your sex? Male Female
3. Are you of Hispanic or Latino origin? Yes No
4. What is your race or racial heritage? Check all that apply.
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American
5. What year did you graduate from medical school? _____ (enter year)
6. Since completing your medical training (including residency and fellowship), how long have you been practicing medicine? _____ Years
7. Where did you complete your residency training? _____ (enter state).
 Not applicable, I did not complete residency training
8. What is your primary clinical specialty? **(Please ✓ only one)**
 Family Practice
 General Practice
 Internal Medicine
 Other _____ (Please specify)
9. What is your clinical sub-specialty, if any? _____ (Please specify)
10. Do you currently (last 2 months) practice in an outpatient setting?
 Yes  Continue
 No  **STOP and return the survey at this point**

Please answer the remainder of the survey based on your “primary practice site,” the location where you spend most of your outpatient care practice time.

11. On average, how many hours per week do you spend on **direct patient care** at your **primary practice site**?

Average number of hours per week _____

If you spend less than 8 hours per week at your primary practice site, please STOP and return the survey in the postage-paid envelope.

12. Do you provide health maintenance exams to any of your patients at this site?

Yes (Continue with the survey) No



If you do not provide health maintenance exams or routine checkups to any of your patients at this site, STOP and return the survey in the postage-paid envelope.

Please answer the remainder of the questionnaire about your **Primary Practice Site**.

13. Where is this practice located? Is it within a(an): **(Please ✓ only one)**

- | | |
|--|--|
| <input type="checkbox"/> Private practice office | <input type="checkbox"/> Hospital emergency department |
| <input type="checkbox"/> Ambulatory care clinic of hospital/medical center | <input type="checkbox"/> Institutional setting/clinic (e.g., correctional, nursing home) |
| <input type="checkbox"/> Urgent care clinic | <input type="checkbox"/> Clinic that is part of a Health Maintenance Organization |
| <input type="checkbox"/> Community health center | <input type="checkbox"/> Academic or teaching hospital |
| <input type="checkbox"/> Public health clinic | |
| <input type="checkbox"/> Other type of clinic _____ (specify) | |

14. Is this practice a: **(Please ✓ only one)**

- Solo practice?
 Single-specialty group practice?
 Multi-specialty group practice?
 Other type of practice (please specify) _____?

15. Does your practice participate in any of the following types of Managed Care Contracts (MCO)?
(Please ✓ all that apply)


- Staff-model HMO (e.g., Kaiser)
- Group-model HMO
- Network-model HMO (e.g., need an example)
- Independent-Practice Association (IPA)
- Preferred Provider Organization (PPO)
- Point-of-Service Plan (POS)
- Other type of MCO (*please specify*)_____?

16. Zip code of this practice (first 5 digits only): ____ _

17. Please indicate which of the following best describes the size of the community in which your primary practice is located **(Please ✓ only one)**

- A community of fewer than 2,500 people
- Small town of 2,501 to 10,000 people
- Medium-sized town of 10,001 to 25,000 people
- Large town of 25,001 to 50,000 people
- A small city of 50,001 to 100,000 people
- City of 100,001 to 250,000 people
- Large city of 250,000+ people

18. Please indicate which of the following best describes the community setting in which your primary practice is located **(Please ✓ only one)**

- Rural
- Suburban
- Urban city  Inner city
- Not inner

19. Do you practice in a federally qualified health manpower shortage area?

- Yes
- No
- Don't know

Section II: Patient Characteristics

Please give us your best estimates for the following questions about characteristics of the patients you see in your primary practice site. **Please write in or check (✓) your response.** Your **best estimate** is all we need.

1. On average, how many patients do you see in a typical week? _____
2. Approximately what **percent** of your patients are **male**? _____ %
3. Approximately what **percent** of your **male** patients are over age 40? _____ %
4. How many health maintenance exams do you perform on **males** over age 40 per week?

5. Approximately what **percent** of your **male** patients are:

White	_____ %
Black, African or African American	_____ %
Native American or Alaska Native	_____ %
Asian	_____ %
Native Hawaiian or Pacific Islander	_____ %
Other (including multiracial)	_____ %
TOTAL	100%
6. Approximately what **percent** of your **male** patients are of
Hispanic or Latino origin _____ %
7. Please estimate what percentage of your patients use the following primary payment methods:

Self pay	_____ %
Private Managed Care (HMO, MCO, PPO, IPA, POS)	_____ %
Other private medical insurance	_____ %
Medicaid, including Medicaid Managed Care	_____ %
Medicare, including Medicare Managed Care	_____ %
Other Government (e.g., CHAMPUS, HRSA)	_____ %
Charity care (no fee charged)	_____ %
Other insurance type or payor (<i>specify</i>) _____	_____ %
TOTAL	100%

Section III: Clinical Practice

Please provide the following answers based on your **routine practices** during health maintenance exams (HME) with **male patients 40 and older**.

Prostate Cancer Screening Practices

1. Do you routinely perform Digital Rectal Examination (DRE) on asymptomatic patients as part of their HME?
 - Yes
 - No (If NO, Go to Question 8)

2. What percent of your patients visiting for an HME do you offer DRE? _____ %

3. What percent of your HME patients get DRE? _____ %

4. Please check the reason you perform DRE? (Please all that apply)
 - To palpate prostate
 - To check anus and rectum for abnormalities
 - To get an in-office specimen for FOBT
 - Other _____ (Please specify)

5. At what age do you begin to offer routine DRE to the following types of patients? If you do not see such patients or offer DRE for such patients, please check () "I do not offer DRE to these patients".

Type of Patient	Age	I do not offer DRE to these patients
Asymptomatic White males.....	_____	<input type="checkbox"/>
Asymptomatic White males with a family history of prostate cancer.....	_____	<input type="checkbox"/>
Asymptomatic African American males.....	_____	<input type="checkbox"/>
Asymptomatic African American males with a family history of prostate cancer.	_____	<input type="checkbox"/>
Asymptomatic Asian American males.....	_____	<input type="checkbox"/>
Asymptomatic Asian American males with a family history of prostate cancer....	_____	<input type="checkbox"/>
Asymptomatic Hispanic or Latino males.....	_____	<input type="checkbox"/>
Asymptomatic Hispanic or Latino males with a family history of prostate cancer	_____	<input type="checkbox"/>
Asymptomatic Native American or Alaskan males	_____	<input type="checkbox"/>
Asymptomatic Native American or Alaskan males with a family history of prostate cancer	_____	<input type="checkbox"/>

6. Do you ever stop performing routine DRE on asymptomatic male patients?
 - Yes (If YES, Go to Question 7)
 - No (If NO, Go to Question 8)

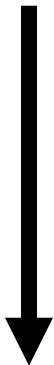
7. Please specify why you stop performing routine DRE? (Please ✓ all that apply)

Reasons for discontinuing DRE

- Advanced age.....
- Existing co-morbid conditions.....
- Debilitated health status.....

8. Do you routinely offer Prostate Specific Antigen (PSA) testing for asymptomatic male patients as part of their HME?

- Yes No



specify)



- Why not? Organizational practice policy
 National guidelines do not support offering
 Insufficient evidence to demonstrate impact on mortality
 Other _____ (Please

Go to Question 21

9. What percent of your male patients visiting for an HME are offered PSA? _____%

10. What percent of your HME patients receive PSA? _____%

11. Relative to the DRE, when do you routinely draw blood for PSA?

- Before DRE After DRE Both before and after DRE I do not do routine DRE

12. At what age do you begin to routinely offer the PSA test to the following types of patients? **If you do not see such patients or offer PSA for such patients, please check (✓) "I do not offer PSA to these patients".**

Type of Patient	Age	I do not offer PSA to these patients
Asymptomatic White males.....	_____	<input type="checkbox"/>
Asymptomatic White males with a family history of prostate cancer.....	_____	<input type="checkbox"/>
Asymptomatic African American males.....	_____	<input type="checkbox"/>
Asymptomatic African American males with a family history of prostate cancer.....	_____	<input type="checkbox"/>
Asymptomatic Asian American males.....	_____	<input type="checkbox"/>
Asymptomatic Asian American males with a family history of prostate cancer....	_____	<input type="checkbox"/>
Asymptomatic Hispanic or Latino males.....	_____	<input type="checkbox"/>
Asymptomatic Hispanic or Latino males with a family history of prostate cancer	_____	<input type="checkbox"/>
Asymptomatic Native American or Alaskan males	_____	<input type="checkbox"/>
Asymptomatic Native American or Alaskan males with a family history of prostate cancer	_____	<input type="checkbox"/>

13. Do you ever stop offering routine PSA to asymptomatic patients?

Yes (If YES, Go to Question 14)

No (If NO, Go to Question 15)

14. Please specify why you stop offering PSA? (Please ✓ all that apply)

Reasons for discontinuing PSA

- Advanced age.....
- Existing co-morbid conditions.....
- Debilitated health status.....

15. What percent of PSA tests you order are performed on men who are asymptomatic?

_____ %

16. What percent of PSA tests you order are performed on men who experience non-specific lower urinary tract symptoms? _____ %

17. What percent of your patients are screened for prostate cancer under the following conditions?

Type of Patient	%
Health maintenance exam (HME).....	_____
Routine scheduled check-up other than HME (e.g., chronic problem).....	_____
Acute problem visits.....	_____
Other.....	_____

18. How often do you screen for prostate cancer in your asymptomatic male patients?

- Once a year**
- Every two years**
- When the patient comes in for a periodic HME**
- Other _____ (Please specify)**

19. How often do you screen for prostate cancer in your high risk (e.g., patients with a family history or African American) male patients?

- Once a year**
- Every two years**
- When the patient comes in for a periodic HME**
- Other _____ (Please specify)**

20. If a PSA is higher than the expected normal range, what do you generally do next?

	Never	Sometimes	Half the time	Usually	Always
a. Repeat the PSA test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Order a more specific PSA (e.g., complex PSA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Use free/total PSA estimations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Refer to a urologist.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Check for infection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Please indicate how often you do any of the following

	Never	Sometimes	Half the time	Usually	Always
a. Provide written information (i.e., pamphlets, guides), videos, or other educational materials on PSA screening in your office or clinic for patients to browse or take home.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Refer patients to any type of educational materials about prostate cancer screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Screen men age 75 and older who have no significant health or medical problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Screen men with significant co-morbid conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Do you routinely discuss prostate cancer screening with your male patients to involve the patient in the decision about screening? **(Please check (✓) only one)**

- Yes, with all patients
- Yes, with patients who decline the test
- Yes, with patients who had a previous elevated PSA
- Yes, with patients who request PSA test
- No **(If NO, Go to Question 26)**

23. What is your usual policy when discussing PSA testing with patients?

- I try to talk the patient into getting the test
- I try to talk the patient out of getting the test
- I remain neutral

24. At what age do you begin discussing prostate cancer screening with the following types of patients: **If you do not see or discuss prostate cancer with such patients, please check (✓) "I do not discuss with these patients".**

Type of Patient	Age	I do not discuss with these patients
Asymptomatic White males.....	_____	<input type="checkbox"/>
Asymptomatic White males with a family history of prostate cancer.....	_____	<input type="checkbox"/>
Asymptomatic African American males.....	_____	<input type="checkbox"/>
Asymptomatic African American males with a family history of prostate cancer.	_____	<input type="checkbox"/>
Asymptomatic Asian American males.....	_____	<input type="checkbox"/>
Asymptomatic Asian American males with a family history of prostate cancer....	_____	<input type="checkbox"/>
Asymptomatic Hispanic or Latino males.....	_____	<input type="checkbox"/>
Asymptomatic Hispanic or Latino males with a family history of prostate cancer	_____	<input type="checkbox"/>
Asymptomatic Native American or Alaskan males		
Asymptomatic Native American or Alaskan males with a family history of prostate cancer		

25. Approximately how much time is usually involved in the discussion? _____ minutes.

26. Do you require an informed consent prior to performing a PSA test for screening purposes?

- Yes, verbal consent
- Yes, written consent
- No

27. Have you heard of informed or shared decision making?

- Yes
- No (If NO, Go to Question 30)

28. Have you incorporated informed or shared decision making into your practice?

- Yes
- No (If NO, Go to Question 30)

29. Have you been satisfied with the results?

- Yes
- No

30. In general, who decides whether a patient should have prostate cancer testing (Please ✓ only one)?

- I decide
- I mostly decide
- I decide together with the patient and/or his family member(s)
- The patient and/or his family member(s) mostly decides
- The patient and/or family member(s) decides

Screening Efficacy and Beliefs

Please check (✓) how strongly you agree or disagree with each statement below.

1. My performing **Digital Rectal Exam** in average risk patients:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. Permits me to use a reliable tool for cancer detection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helps men live longer through early detection and treatment of prostate cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does more good than harm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helps protect me from malpractice claims.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Results in no or low reimbursement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Is unwanted by most of my male patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Will result in uncertainty about the meaning of the test result due to test inaccuracies (e.g. false positives).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Is difficult due to my embarrassment or discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is difficult due to patient embarrassment or discomfort with DRE.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Is difficult because the patient does not perceive prostate cancer to be a serious health threat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
k. Is difficult due to patient's beliefs that screening is not effective.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Is difficult due to patient fears of potential side effects of treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Is difficult due to my belief that screening is not effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Is difficult due to patient myths and misconceptions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is difficult due to a lack of scientific evidence of survival benefit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Is difficult due to a lack of consensus regarding DRE screening guidelines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Allows me to assess other health problems (CRC, hemorrhoids, etc).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Helps reduce prostate cancer mortality in average risk patients age 50 years and older.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. Is difficult due to patient cultural barriers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. Is difficult due to a lack of confidence in my DRE skills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. My discussing prostate cancer screening:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. Is helpful because my male patients need to be informed about this topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is easy because I feel confident I know enough about the benefits of screening to give patients adequate information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is easy because I feel confident I know enough about the possible risks of screening outcomes to give patients adequate information regarding prostate cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Is something most patients are comfortable making an informed decision about screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Does not allow me the time to discuss the advantages/disadvantages of screening.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Results in lack of or low reimbursement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Is too complex to cover in a limited amount of time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Takes too much time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is challenging because patients are unwilling to discuss....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Is challenging because patients are not interested in topic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is difficult due to patient cultural or language barriers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Is difficult because topic is too complex, for most patients to understand.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Is uncomfortable for patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. My providing PSA testing to average risk patients:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. Permits me to use a reliable tool for cancer detection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helps men live longer through early detection and treatment of prostate cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does more good than harm.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helps protect me from malpractice claims.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Results in lack of or low reimbursement.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Costs me money.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
g. Coincides with the standard of care in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Will result in the uncertainty about the meaning of the test result (false positives?).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is difficult due to patient fear of finding cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Is difficult due to patient not perceiving prostate cancer to be a serious health threat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is difficult due to patient beliefs that screening is not effective.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Is difficult due to patient fears of potential side effects of treatment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Is difficult due to patient myths and misconceptions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Is difficult due to lack of scientific evidence of survival benefit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Is difficult due to lack of consensus regarding screening guidelines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Is something I do because the patient demands it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Helps reduce prostate cancer mortality in average risk patients age 50 years and older.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Is difficult due to a lack of confidence in test accuracy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social Influences and Social Support

1. Does your practice have formal written guidelines for prostate cancer screening?

- Yes No Don't Know

2. Does your practice have informal or unwritten guidelines or policies for prostate cancer screening?

- Yes No Don't Know

3. Please indicate whether you follow prostate cancer screening recommendations from any of the following organizations.

(Please ✓ all that apply)

- American Academy of Family Physicians (AAFP).....
- American Cancer Society (ACS).....
- American College of Preventive Medicine (ACPM).....
- American College of Physicians (ACP)/ASIM.....
- American Urological Association (AUA).....
- United States Preventive Services Task Force (USPSTF).....
- Other _____ (Specify).....
- Not applicable.....

4. Please check (✓) your opinion about how much each of the following individuals or entities encourages or discourages your **current practices or beliefs about**

DRE:

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
a. American Academy of Family Physicians (AAFP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
b. American Cancer Society (ACS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. American College of Preventive Medicine (ACPM).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. American College of Physicians (ACP)/ASIM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. American Urological Association (AUA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. United States Prevention Services Task Force (USPSTF).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical school attended/ residency training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Professional organization(s) guidelines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Medical literature (e.g., JAMA, NEJM, Cochran Collaborative).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Practice setting philosophy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Community influences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Personal practice experiences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Community practice standard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Patient or family requests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other _____ (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PSA Testing:

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
a. American Academy of Family Physicians (AAFP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. American Cancer Society (ACS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. American College of Preventive Medicine (ACPM).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. American College of Physicians (ACP)/ASIM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. American Urological Association (AUA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. United States Prevention Services Task Force (USPSTF).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical school attended/ residency training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Professional organization(s) guidelines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Medical literature (e.g., JAMA, NEJM, Cochran Collaborative).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Practice setting philosophy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Community influences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Personal practice experiences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Community practice standard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Patient or family requests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other _____ (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discussing Prostate Cancer Screening:

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
a. American Academy of Family Physicians (AAFP).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. American Cancer Society (ACS).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Discourage	Discourage	Neither	Encourage	Strongly Encourage
c. American College of Preventive Medicine (ACPM).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. American College of Physicians (ACP)/ASIM.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. American Urological Association (AUA).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. United States Prevention Services Task Force (USPSTF).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Medical school attended/ residency training.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Professional organization(s) guidelines.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Medical literature (e.g., JAMA, NEJM, Cochran Collaborative).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Practice setting philosophy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Community influences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Personal practice experiences.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Community practice standard.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Patient or family requests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Other _____ (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Physician Perceptions and Behaviors

1. For the next set of questions, please indicate **how** often:

	Never	Sometimes	Half the time	Usually	Always
a. Wives, partners, or significant others of your male patients influence the men to come in for the screening tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Men provide information about their family history of prostate cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your patients bring up prostate cancer related issues during their office visit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your patients ask about the PSA test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You discuss the possible <i>benefits</i> of prostate-specific antigen (PSA) screening with your age-appropriate patients <i>before ordering the test</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You discuss the possible <i>risks</i> of PSA screening with your age-appropriate patients <i>before ordering the test</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You discuss diet and its possible link to prostate cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Your patients bring up prevention related questions regarding prostate cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Paying for the screening tests is an issue with your patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Performing the digital rectal examination (DRE) is a barrier for your patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. You use educational tools or decision guides on prostate cancer (pamphlets, anatomical models) to share with your patients.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. You keep abreast of the scientific literature on prostate cancer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How knowledgeable are your male patients concerning prostate cancer screening issues?

- No knowledge at all
- A little knowledge
- A moderate amount of knowledge
- A great deal of knowledge

3. How knowledgeable are you on prostate cancer screening guidelines?

- No knowledge at all
- A little knowledge
- A moderate amount of knowledge
- A great deal of knowledge

Patient Scenarios

The next few questions are about your management of prostate-specific antigen (PSA) screening for prostate cancer in your primary practice site. Below we present you with hypothetical patients that we ask you to respond to. Please respond **regardless** of whether or not you may see these types of patients.

Patient scenario 1: A 55 year old White male, who has **no current prostate-related symptoms**, with no family history of prostate cancer and has no serious co-morbidities.

1. For this type of patient, I generally (**Please ✓ only one**):

- Refer to a urologist for screening.
- Order the PSA test without discussing the possible benefits and risks with the patient.
- Discuss the possible benefits and risks of PSA screening with the patient, then recommend the test.
- Discuss the possible benefits and risks of PSA screening with the patient, then let him decide whether or not to have the test.
- Discuss the possible benefits and risks of PSA screening with the patient, and then recommend against the test.
- Do not order the PSA test or discuss the possible benefits and risks with the patient unless the patient asks.
- Other: _____

2. If you offer the PSA test and the patient declines, would you try to persuade him to have the test?

- Yes No Don't Know

3. Approximately what percent of your patients with the above characteristics actually get a PSA test done in your practice? _____ %

4. Approximately what percent of your patients with the above characteristics have their blood work including PSA done **before** seeing you for a health maintenance exam? _____ %

Patient scenario 2: A **45 year old African American** male, who has **no current prostate-related symptoms**, with no family history of prostate cancer and has no serious co-morbidities.

1. For this type of patient, I generally **(Please ✓ only one)**:
 - Refer to a urologist for screening.
 - Order the PSA test without discussing the possible benefits and risks with the patient.
 - Discuss the possible benefits and risks of PSA screening with the patient, then recommend the test.
 - Discuss the possible benefits and risks of PSA screening with the patient, then let him decide whether or not to have the test.
 - Discuss the possible benefits and risks of PSA screening with the patient, and then recommend against the test.
 - Do not order the PSA test or discuss the possible benefits and risks with the patient unless the patient asks..
 - Other: _____

2. If you offer the PSA test and the patient declines, would you try to persuade him to have the test?
 - Yes
 - No
 - Don't Know

3. Approximately what percent of your patients with the above characteristics actually get a PSA test done in your practice? _____%

4. Approximately what percent of your patients with the above characteristics have their blood work including PSA done **before** seeing you for a health maintenance exam? _____%

Patient scenario 3: A **50 year old male**, who has no current prostate-related symptoms, **who has a family history of prostate cancer** and has no serious co-morbidities.

1. For this type of patient, I generally **(Please ✓ only one)**:
 - Refer to a urologist for screening.
 - Order the PSA test without discussing the possible benefits and risks with the patient.
 - Discuss the possible benefits and risks of PSA screening with the patient, then recommend the test.
 - Discuss the possible benefits and risks of PSA screening with the patient, then let him decide whether or not to have the test.
 - Discuss the possible benefits and risks of PSA screening with the patient, and then recommend against the test.
 - Do not order the PSA test nor discuss the possible benefits and risks with the patient unless the patient asks..
 - Other: _____

2. If you offer the PSA test and the patient declines, would you try to persuade him to have the test?
 Yes No Don't Know

3. Approximately what percent of your patients with the above characteristics actually get a PSA test done in your practice? _____%

4. Approximately what percent of your patients with the above characteristics have their blood work including PSA done **before** seeing you for a health maintenance exam? _____%

Thank you for your participation in this survey.

Comments:
