<b>Patient Study</b>	ID	Number_	
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## **CRC Screening Chart Audit Form**

Patient Study ID No					
Male Female					
Preferred Language:EnglishSpanishOtherMissing					
Marital Status:SingleMarriedDivorced, Separated or WidowedMissing					
Ethnicity:Hispanic or LatinoNon-Hispanic or Non-LatinoMissing					
Race (Check all that apply):					
American Indian or Alaska Native					
Asian					
Black or African American					
Native Hawaiian or Other Pacific Islander					
White					
Other specify					
Missing					
Practice ID					
Audit Date/ MM DD YY					

**Instructions**: Document information on colorectal cancer screening test performance from the medical chart.

- If no testing in a category performed, check no result.
- If multiple tests were performed in one category, provide information on most recent test.
- If the information comes from a source other than the medical chart, indicate the source.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, the estimated time required to complete the audit. 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. Form Approved: OMB Number 0935-XXXX Exp. Date xx/xx/20xx. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: AHRQ Reports Clearance Officer Attention: PRA, Paperwork Reduction Project (0935-XXXX) AHRQ, 540 Gaither Road, Room # 5036, Rockville, MD 20850.

## **Section A. Stool Test (ST)- Since < date**

A-1.	ST ResultY	YesNo		
A-2.	Most recent ST	ST Result Date	MM DD YY	
		ST Result	Normal Abnormal(specify)	
		ST Reason	<ul><li>Screening Test</li><li>Diagnostic Test</li><li>Unknown</li></ul>	
A-3.	3. Source used other than Medical Chart:		NoYes (specify)	
B-1.	Section B. Flex FSig Result	xible Sigmoido	oscopy (FSig)- Since < date	
B-2.	Most recent FSig	FSig Result Date	MM DD YY	
		FSig Result	Normal Abnormal(specify)	
		FSig Reason	<ul><li>Screening Test</li><li>Diagnostic Test</li><li>Unknown</li></ul>	
B-3.	Source used other than Medical Chart:		No Yes (specify)	

## Section C. Barium Enema X-Ray (BE)- Since < date

C-1.	BE Result	YesNo	
C-2.	Most Recent BE	BE Result Date	MM DD YY
		BE Result	Normal Abnormal(specify)
		BE Reason	<ul><li>Screening Test</li><li>Diagnostic Test</li><li>Unknown</li></ul>
C-3.	Source used other than Med	ical Chart:	NoYes (specify)
	Section I	). Colonoscop	y (Cx) - Since < date
— D-1.	Cx Result	YesNo	
D-2.	Most Recent Cx	Cx Result Date	MM DD YY
		Cx Result	Normal Abnormal(specify)
		Cx Reason	Screening Test Diagnostic Test Unknown
D-3.	Information found in (Chec	ck all that apply)	Flow Sheet Consults Progress Note Labs Other, specify:
D-4.	4. Source used other than Medical Chart:		NoYes (specify)