

~~Clinical Care and Health Survey:~~
~~Patient Opinions~~

Patient Opinion Survey

Funded by
The Centers for Disease Control and Prevention
Atlanta, GA

Battelle
The Business of Innovation



We are interested in **your** opinions and experiences when talking with your doctor or health care provider about colon cancer. This may have included a talk about colon cancer screening tests. We would like to know how you feel about talking with your doctor about these issues. **Your** opinions are important to us!

Filling in this survey will help us design programs to help **your** doctor and others give better patient care. You may be contacted one more time in the future so that we can learn more about the opinions and experiences you've had when talking with your doctor about colon cancer.

For this study, **selected** patients 50 years old and older who are active members of the Henry Ford Health System are being sent this survey. You are being paid \$10 to compensate you for your time and effort.

- Your answers are strictly **private**
- Please **do not** put your name on the survey
- Answers from other patients like you will be combined into one final summary
- Some questions are personal, but provide important information for this study
- It is **your** choice to skip any questions that you do not want to answer
- Your doctor will **not** see your answers
- Filling in this survey can only improve patient care

We thank you **very** much for taking your time to fill in this survey for us. When you are done, please mail it back to us in the enclosed envelope.

Thank you!

Instructions and Question Examples

This survey has ~~questions that come in different forms~~ *several ways it asks questions*. When any question asks about “your doctor,” it means the doctor or medical practitioner who last gave you a routine check-up. You will need to **write in or check (✓)** what **you** think is the **best** answer. Please see examples below.

Some questions look like this:

- A1. What is your age?
Age
- A2. Are you male or female? Male
 Female

You will need to write in your age and check (✓) the box for male or female.

Some questions ask you to rate your feelings. Please think about how you feel about each of the topics. For example, some questions look like this:

- A3. How satisfied are you with:
- | | Very
Dissatisfied | Dissatisfied | Neither
Satisfied nor
Dissatisfied | Satisfied | Very
Satisfied |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| a. the doctor’s explanation of the screening procedure..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please check (✓) the answer that best shows how you feel.

Some questions ask you to give us your opinions. Please mark how much you disagree or agree about each of the statements that you read.

For example, some questions look like this:

- c. Men get colon cancer more often than women.....
- | | Strongly
Disagree | Disagree | Neither
Agree nor
Disagree | Agree | Strongly
Agree |
|--|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please check (✓) the answer that best shows how strongly you disagree or agree with the statement.

SECTION A: Tell Us About Yourself

This section asks questions to help us describe patients who take part in the survey. Please write in or check (✓) the best answer.

A1. What is your age?

AGE

A2. What is your sex?

- Male
- Female

A3. Do you consider yourself: **Please ✓ only one.**

- Hispanic or Latino
- Not Hispanic or Latino

A4. What is your race? **Please ✓ one or more.**

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

A5. What language do you usually speak at home?

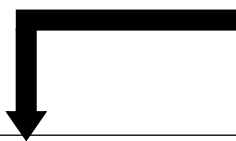
- English
- Spanish
- Other (Please specify): _____

A6. What is the highest grade or year of school you finished?

- Didn't go to school
- Grade school (1-5 years)
- Middle school (6-8 years)
- Some high school (9-11 years)
- High school diploma or G.E.D.
- Vocational or training school
- Some college or Associate's Degree
- College graduate with BA or BS Degree
- Graduate/professional education and/or Degree

A7. Are you employed?

- Yes (If Yes, please answer Question A7a.)
- No (If No, please go to Question A8.)



A7a. Are you employed full time or part time?

- Full Time
- Part Time

A8. What was your total family income (before taxes) from ALL income sources in your household in the last year? **Please ✓ the one that is your best guess.**

- Less than \$10,000
- \$10,000 to \$19,000
- \$20,000 to \$34,000
- \$35,000 to \$49,000

- \$50,000 to \$74,000
- \$75,000 +
- Don't Know

Next are some questions about the doctor you saw for your last routine check-up.

A9. How long have you been a patient of the doctor you saw for your last routine check-up? Years Months

A10. ~~How would you describe how often you have seen this doctor?~~
How often have you seen this doctor? Please ✓ all that apply.

- I am a new patient of this doctor and I have only visited once or twice.
- I get most of my care from this doctor.
- This doctor does most of my routine check-ups.
- I get most of my care from another doctor in this same office.
- I get most of my care from another doctor's office.
- Other (Please specify): _____

11. How many times in the past year have you seen this doctor?

12. Which type of health coverage do you have in your health plan? (CHECK (✓) ALL THAT APPLY)

- Co-pay less than or equal to \$10 for all clinic visits
- Co-pay between \$10 and \$20 for all clinic visits
- Free (no cost) annual exam visit
- Co-pay for annual exam visit
- Free (no cost) preventive services (screening for cholesterol, blood sugar, cervical cancer, colorectal cancer, breast cancer, prostate cancer)
- Co-pay for all preventive services (screening for cholesterol, blood sugar, cervical cancer, colorectal cancer, breast cancer, prostate)

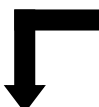
SECTION B: Personal Cancer Experience and Family History of Colon Cancer

Please answer the following questions about colon cancer. When we use the term colon cancer, we mean cancer of the colon, rectum, or bowel. You may also have heard the term colorectal cancer. To answer the following questions, please write in or check (✓) the best answer.

B1. In general, would you say that your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

B2. Have you ever been diagnosed with cancer? Yes (If Yes, please answer Question B2a) No (If No, please go to Question B3)



B2a. What type of cancer? (Please specify): _____

- B3. Has anyone in your immediate family (i.e., spouse, children, parents, siblings) ever been diagnosed with cancer? Yes
 No
 Don't Know

If yes, please list your immediate family members who have had cancer and the type of cancer. List up to 5 family members.

Family Member _____ Type of Cancer _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

- B4. Has anyone in your immediate family (i.e., spouse, children, parents, siblings) ever been diagnosed with **colon** cancer? Yes
 No
 Don't Know

- B5. How likely do you think you are to develop colon cancer sometime in your life? Would you say it is:
 Extremely unlikely
 Unlikely
 Neither likely nor unlikely
 Likely
 Extremely likely

- B6. Compared to other people your age, how would you rate your own risk of getting colon cancer?
 Much lower
 Lower
 About the same
 Higher
 Much higher

SECTION C: Experience with Tests and Screenings

Now we are interested in your experience talking with your doctor about disease prevention, and having different screening tests, including colon cancer screening. Please answer the following questions.

- C1. Please check (✓) below if your doctor talked to you about any of the following issues at your last check-up AND / OR anytime in the last five years.

| Did your doctor talk to you about: | Talked about at last check-up? | | Talked about in the last 5 years? | |
|---------------------------------------|--------------------------------|--------------------------|-----------------------------------|--------------------------|
| | Yes | No | Yes | No |
| a. Smoking..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Exercise or physical activity..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Dietary and nutrition habits..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Colon cancer screening..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FOR WOMEN:

e. Breast cancer screening..... |

f. Cervical cancer screening..... |

FOR MEN:

g. Prostate cancer screening..... |

C2. Please check (✓) below if your doctor did or ordered the following tests at your last check-up AND / OR some other time in the last five years.

| | Done or ordered at last check-up? | | Done or ordered in the last 5 years? | |
|---|-----------------------------------|--------------------------|--------------------------------------|--------------------------|
| | Yes | No | Yes | No |
| Did your doctor order any of the following tests? | | | | |
| a. Blood pressure check..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Cholesterol test (blood test)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Rectal exam for colon cancer (i.e., "finger" test).... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. FOBT (stool card test)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Flexible sigmoidoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR WOMEN | | | | |
| g. Pap smear..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Breast exam..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Mammogram (breast x-ray)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| FOR MEN | | | | |
| j. Prostate specific antigen blood test (PSA)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C3. Have you ever had any bowel symptoms (i.e., blood in the stool, changes in bowel movements) that caused your doctor to suggest you be tested for colon cancer?

Yes
 No

C4. Have you **heard of** the following tests for colon cancer?

| | Yes | No |
|--|--------------------------|--------------------------|
| a. Rectal exam (i.e., "finger test") ("finger" test)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fecal occult blood test (FOBT) or Hemoccult test (stool card test)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fecal immunochemical test (FIT)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Flexible sigmoidoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Virtual colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Barium enema..... | <input type="checkbox"/> | <input type="checkbox"/> |

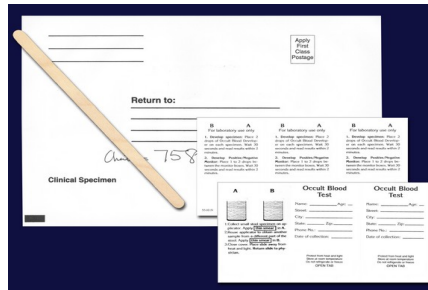
C5. How worthwhile do you think the following tests are for detecting colon cancer early? Please mark "Don't Know" if you have never heard of the test.

| | Not at all worthwhile | Slightly worthwhile | Somewhat worthwhile | Quite worthwhile | Very worthwhile | Don't Know |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Rectal exam ("finger" test)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Fecal occult blood test (FOBT) or Hemoccult (stool card test)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Fecal immunochemical test (FIT)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Flexibly sigmoidoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Virtual colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Barium enema..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION D: Colon Cancer Screening Experience

Now we are interested in your experience with FOBT, Flexible Sigmoidoscopy, Colonoscopy, and Barium Enema.

FOBT stands for a Fecal Occult Blood Test which is a set of cards to take home to collect 3 stool samples. Then you mail in or return the cards to be tested for hidden blood in the stool. (Sometimes called Hemoccult test or stool card test) *See example card below.*



Flexible Sigmoidoscopy is also called a 'Flex Sig'. A doctor or nurse practitioner inserts a flexible tube into your rectum (or bottom) to check for bowel problems and colon cancer. You have a preparation that you do at home. The Flex Sig is done in a clinic without a sedative. You have to have someone drive you home, and you may have to miss work for the day.

Colonoscopy is a medical procedure which is done in a clinic. It allows for a full viewing of the colon. You have a preparation that you do at home, and during the procedure you are given a sedative. A doctor inserts a flexible tube into your rectum (or bottom) to check for bowel problems and colon cancer. You have to have someone drive you home, and you may have to miss work for the day.

Barium Enema or double contrast barium enema is an x-ray of your colon. You are given an enema with a liquid called barium. Then the doctor takes an x-ray. The barium makes it easy for the doctor to see the outline of your colon on the x-ray to check for polyps or other problems. You have to have someone drive you home, and you may have to miss work for the day.

| D1. Please check whether and when you have had each of the following colon cancer screening tests. Please check (✓) only one box for each test. | Never had screening | Less than 6 months ago | 6 months to a year ago | 1–2 years ago | 3–5 years ago | 6–10 years ago | More than 10 years ago |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. FOBT..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Flexible Sigmoidoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Barium Enema..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fecal Occult Blood Test (FOBT) (Please see the description on page 5.)

D2. Have you been given an FOBT kit to take home in the last year? Yes (Continue)
 No (If No, please go to Question D9)

In the last year, were you given an FOBT kit to take home?

D3. Were you given instructions on how to use the FOBT cards? Yes
 No

When you were given the kit, did someone at your doctor's office give you instructions on how to use the FOBT cards?

D4. Were you reminded to return the cards? Yes
 No

After you got home, did someone from your doctor's office remind you to return the cards?

| D5. How satisfied were you with: | Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfied |
|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| a. Colon cancer information given by your doctor's office..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. The doctor's or nurse's explanation of the procedures to do the FOBT test..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D6. Did you return the cards? Yes (Continue)
 No (If No, please go to Question D9)

D7. Did you get the results? Phone call from the doctor's office
 Letter from the doctor's office
How did you get the results? In person
 Never got the results

| D8. How satisfied were you with... <i>How satisfied were you with: (Please check the best answer.)</i> | Neither Satisfied nor Satisfied | | | | |
|--|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Very Dissatisfied | Dissatisfied | Dissatisfied | Satisfied | Very Satisfied |
| a. Dietary restrictions for the FOBT..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Overall preparations for the FOBT..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Collection of the stool sample..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Follow up procedures <i>Sending the sample to the clinic or lab.....</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Receiving the FOBT results <i>The clinic or lab contacting you about your FOBT test results.....</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Explanation of the FOBT test results.. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Flexible Sigmoidoscopy (Flex Sig) (Please see the description on page 5.)

D9. In the past 5 years, did your doctor recommend a Flex Sig screening? Yes (Continue) No (If No, please go to Question D15)

| D10. How satisfied were you with... <i>When your doctor recommended the Flex Sig, how satisfied were you with:</i> | Neither Satisfied nor Satisfied | | | | |
|---|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Very Dissatisfied | Dissatisfied | Dissatisfied | Satisfied | Very Satisfied |
| a. Colon cancer information given by your doctor's office..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your doctor's explanation of the Flex Sig screening..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D11. Did you schedule an appointment for a Flex Sig? Yes (Continue) No (If No, please go to Question D15)

D12. Did you have the screening? Yes (Continue) No (If No, please go to Question D15)

D13. Did you get the results?
How did you get the results?

Phone call from:–
 Physician
 Nurse
 Medical Assistant

Letter from:
 Physician
 Clinic
 Lab

Phone call from the doctor's office
 Letter from the doctor's office
 In person

Never got the results

| How satisfied were you with... D14. When you had the Flex Sig, how satisfied were you with: | | Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfied |
|--|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| a. | Dietary restrictions for the Flex Sig.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | The use of a laxative or enema..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Overall preparations for the Flex Sig..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | The convenience of the screening location..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | How the screening specialist treated you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Your comfort during the Flex Sig procedure..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | The doctor or clinic contacting you about your Flex Sig screening results..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Explanation of the Flex Sig screening results..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Colonoscopy (Please see the description on page 5)

D15. In the past 10 years, did your doctor recommend a Colonoscopy screening? Yes (Continue) No (If No, please go to Section E)

| How satisfied were you with... D16. When your doctor recommended the Colonoscopy, how satisfied were you with: | | Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfied |
|---|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
| a. | Colon cancer information given by your doctor's office..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | Your doctor's explanation of Colonoscopy screening..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D17. Did you or someone at the clinic schedule a Colonoscopy appointment for you? Yes (Continue) No (If No, please go to Section E)

D18. Did you have the screening? Yes (Continue) No (If No, please go to Section E)

D19. Did you get the results?

How did you get the results?

Phone call from:-

- Physician
- Nurse

Medical Assistant

Letter from:

Physician

Clinic

Lab

Phone call from the doctor's office

Letter from the doctor's office

In person

Never got the results

| D20. | How satisfied were you with... When you had the Colonoscopy, how satisfied were you with: | Neither Satisfied nor Dissatisfied | | | |
|------|--|------------------------------------|--------------------------|--------------------------|--------------------------|
| | | Very Dissatisfied | Dissatisfied | Satisfied | Very Satisfied |
| a. | Dietary restrictions for the Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | The use of a laxative or enema..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | Overall preparations for the Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | The convenience of the screening location..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | How the screening specialist treated you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | Your comfort during the Colonoscopy procedure..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | The doctor or clinic contacting you about your Colonoscopy test results. . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | Explanation of the Colonoscopy test results..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION E: Your Opinions About Colon Cancer

| E1. | For each of the following statements, please check (✓) if you disagree, agree, or you are not sure. | Disagree | | | Agree | | | Not Sure | | |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| a. | Eating foods high in fat increases your risk of developing colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. | Your chances of getting colon cancer are greater if you have a family member who had colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. | Men get colon cancer more often than women..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| d. | If a person gets colon cancer, it can be cured..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| e. | Blood in your stool means you have colon cancer for sure..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| f. | A diet with a lot of roughage fiber, like fruits, vegetables, and grains, may reduce your chances of getting colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| g. | You should have your stool tested for hidden blood every year if you are 50 years or older If you have colon cancer, you would have symptoms..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SECTION F: Your Opinions About Colon Cancer Screening

| F1. | Discussing colon cancer screening with my doctor: | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-----|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. | is not necessary because of my age..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | is hard to do because my doctor doesn't think it is important..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | is not as important as talking about other health problems I have..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | is only needed if I have symptoms..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | would just mean that I would have to have more unnecessary tests done... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | is not needed because my doctor has already covered all the issues with me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | would take too much time..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. | would make me uncomfortable..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. | is hard to do because my doctor is not easy to talk to..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. | is a waste of time because when I ask questions, my doctor doesn't have answers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. | would be embarrassing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

~~Is something the doctor won't talk about because my insurance doesn't cover it~~

Whether or not you have been given an FOBT kit to take home, your opinions are important to us.
Please check (✓) how strongly you disagree or agree with each statement below about FOBT (stool cards).

| F2. | Having an FOBT (Fecal Occult Blood Test): | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|-----|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. | is needed only if I have symptoms..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | is needed only if there is a family history of colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | is not needed if I eat a healthy diet..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | would only detect cancer after it is too late..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | would give me a feeling of control over my health..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | is something I am too busy to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| g. would protect my health so I can take better care of my family..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. is not as important as screening tests for other diseases and cancers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. is not necessary at my age..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. would be awful (disgusting) because I have to handle my stool.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. is not needed if I have had it once before..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. is nice to be able to do in the privacy of my own home..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. involves too much hassle because I have to prepare for the test..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. is something I don't know how to do correctly..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. is a waste of time because the test is not accurate..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. is unnecessary for women because only men are at risk for colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. <i>is unnecessary if I have a Flex Sig or a Colonoscopy.....</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Whether or not you have been given a Colonoscopy, your opinions are important to us. Please check (✓) how strongly you disagree or agree with each statement below about Colonoscopy.

~~Removed entire question about Flexible-Sigmoidoscopy screening test~~

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| F3. Having a Colonoscopy screening test: | | | | | |
| a. is needed only if there is a family history of colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. can prevent me from getting colon cancer by finding and removing polyps that could become cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. is unnecessary if I have an FOBT..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. is unnecessary if I have a Flex Sig.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. is not needed if I eat a healthy diet.... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. would only detect cancer after it is too late..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| g. would give me a feeling of control over my health..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. is something I am too busy to do..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. would protect my health so I can take better care of my family..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. is not as important as screening tests for other diseases and cancers..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. is a hassle because the wait for the appointment is too long..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. is not necessary at my age..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. would be embarrassing..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. would be stressful (frightening, scary) scary..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. would be uncomfortable..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. is not needed if I have had it once before..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. involves too much hassle because I have to prepare for the test..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. is unnecessary for women because only men are at risk for colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Whether or not you have been given an FOBT kit to take home or had a Flex Sig or Colonoscopy screening, your opinions are important to us.

| F4. Please check (✓) how strongly you disagree or agree with each statement below. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| a. Fitting a Colonoscopy screening test into my schedule is hard..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I have trouble taking time off from work or changing my schedule to do the Colonoscopy test..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Colon cancer screening is a way for doctors and insurers to make money..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. I would do the FOBT kit if my doctor tells me to..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. I would have the Flex Sig screening if my doctor tells me to..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. I would have the Colonoscopy screening if my doctor tells me to..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| g. My doctor never <i>always</i> talks about screening for colon cancer..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| h. My doctor never <i>always</i> talks about FOBT..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. My doctor never <i>always</i> talks about Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Fitting a flex sig screening into my schedule is hard

~~Medicare pays for flex sig screening~~

~~Medicare pays for colonoscopy screening~~

~~My insurance or health plan pays for flex sig screening~~

~~My insurance or health plan pays for colonoscopy screening~~

~~My doctor never talks about flex sig~~

SECTION G: Social Support

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

| | | | | | | |
|-----|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| G1. | Discussing colon cancer screening with my doctor is something that is encouraged by: | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| | a. My spouse or partner..... <input type="checkbox"/> NA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. My family..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. My friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. My doctor or nurse..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. The popular media (TV, radio, magazines)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | |
|-----|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| G2. | My having an FOBT is something that is encouraged by: | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
| | a. My spouse or partner..... <input type="checkbox"/> NA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b. My family..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c. My friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d. My doctor or nurse..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e. The popular media (TV, radio, magazines)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| G3. My having a Colonoscopy screening is something that is encouraged by: | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. | My spouse or partner..... <input type="checkbox"/> NA | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | My family..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | My friends..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | My doctor or nurse..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | The popular media (TV, radio, magazines)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

My having a screening flex sig is something that is encouraged by:

| | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. my spouse or partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. my family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. my friends- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. my doctor or nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. the popular media (TV, radio, magazines)- | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION H: Plans to Talk about Colon Cancer or Get Screened

| H1. Please check (✓) how strongly you disagree or agree with each opinion below. | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. | I plan to discuss colon cancer screening with my doctor at my next check-up..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | I plan to get screened for colon cancer in the next year..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | I plan to do an FOBT after my next check-up for colon cancer screening in the next year..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | I plan to have a Colonoscopy after my next check-up for colon cancer screening in the next year..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | I plan to have a Flex Sig after my next check-up for colon cancer screening in the next year..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | I plan to do whatever my doctor tells me to do for colon cancer screening in the next year..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thank you very much for completing this survey

**Please place your survey in the enclosed stamped envelope
and drop it in the mail for us!**

Patient ID