Patient Post-Intervention Survey

Clinical Care and Health Survey: Patient Opinions

Screening and Prevention Survey

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

We are interested in <u>your</u> your opinions and experiences <u>you've had</u> when talking with your doctor or health care provider talking about colon cancer screening. Even if you have not talked to your doctor or provider about colon cancer screening, or even if you have not been screened, please still fill out this survey. This may have included a talk about colon cancer screening tests. We would like to know how you feel about talking with your clinician about these issues. Your opinions are important to us!

Filling in Completing this survey will help us design make programs to help your elinician provider 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 have talking to your doctor about colon cancer. You may have received a similar survey about colon cancer screening in the past. Please complete this new survey whether or not you filled out a similar one a few months ago.

- ◆ You were selected to receive this survey because you are age patients 50 years old and or older who are active members—and you visited an [HMO] clinic in the past 3 months of [this HMO] are being sent this survey. You are being paid \$10 to compensate you for your time and effort.
- ◆ Your answers are strictly private
- ◆ Your name is **not** included Please do not put your name on your 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.
- ◆ Please also mail your signed HIPPA form which allows us to include your survey answers in our final summary [ABQ HP/Lovelace participants only]

CDC LOGO

Thank you!



The Business of Innovation____

Centers for Public Health Research and Evaluation 1100 Dexter Avenue N., Suite 400 Seattle WA 98109



This survey has *several ways it asks* questions that come in different forms. When any question asks about "your clinician provider", it means the doctor or medical practitioner who last gave you a routine check-up provides your routine primary care. You will need to write in or check (\checkmark) what <u>you</u> think is the <u>best</u> answer. **Please see examples below.**

Some questions look like this:								
A1. What is your age?								
A2. Are you male or female? □1 Male □2 Female? □ Male □ Female								
You will need to write in your age or check (\checkmark) the answer the box for male or female.								
Some questions ask you to rate your feelings. Please think about how you <u>feel</u> about each of the topics.								
For example, the questions look like this:								
A3. How satisfied were you with Neither Very Satisfied Nor Very Dissatisfied Dissatisfied Dissatisfied Satisfied Satisfied								
a. the doctor's explanation of the screening procedure								
Please check (\checkmark) the answer that <u>best</u> shows how you feel.								
Some questions ask you to give us your opinions. Please think about if you disagree or agree about each of the statements that you read.								
For example, the questions look like this:								
Strongly Agree nor Strongly Disagree Disagree Disagree Agree Agree C. Men get colon cancer more often than Women								
Please check (\checkmark) the answer that <u>best</u> shows how strongly you disagree or agree with the statement.								

PATIENT QUESTIONNAIRE

Part I SECTION A: Tell Us About Yourself

This section asks questions to let us describe patients who take part in the survey. Please answer the following questions. Please write in or check (\checkmark) the best answer.

<i>A</i> 1.	What is your age?
A2.	What is your sex? ☐ Male ☐ Female
<i>A</i> 3.	Do you consider yourself: (SELECT 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
<i>A</i> 5.	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? (formerly was #8)
	 □ 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 Arts 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)
	— If Yes: <i>A7a: Are you employed full time or part time:</i> Is it □ 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 CHECK (✓) 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
	a Don't know
CHECK	YE WOULD LIKE TO ASK YOU ABOUT YOUR RELATIONSHIP WITH YOUR DOCTOR. PLEASE WRITE IN OR (✓) THE BEST ANSWER. IF A QUESTION ASKS ABOUT "THIS DOCTOR", IT MEANS THE DOCTOR OR AN WHO GAVE YOU YOUR ANNUAL CHECK-UP (I.E., ANNUAL EXAM, YEARLY PHYSICAL EXAM).
NEXT A	RE SOME QUESTIONS ABOUT THE PRIMARY CARE PROVIDER YOU MOSTG RECENTLY SAW.
	ow long have you been a patient with the doctor who did your last annual check-up the primary care vider you most recently saw? YearsMonths
A10.	How would you describe How often you have seen this doctor provider? (PLEASE CHECK ✓ ALL THAT APPLY).
	☐ I am a new patient of this doctor <i>provider</i> and I have only visited once or twice.
	☐ I get most of my care from this doctor <i>provider</i> . ☐ This doctor <i>provider</i> does most of my annual check-ups.
	☐ I get most of my care from another doctor or nurse provider in this doctor's the same office.
	☐ I get most of my care from another doctor's or nurse's provider'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)

<u>Part II: Personal Cancer Experience and</u> <u>Family History of Colon Cancer</u>

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. PLEASE WRITE IN OR CHECK (*) THE BEST ANSWER.

	1.	How likely do you think you are to develop colon cancer sometime in your life?	
	Ŧ	Vould you say it is	
		☐ Extremely unlikely ☐ Unlikely ☐ Neither likely or unlikely ☐ Likely ☐ Extremely lik	ely
	2.	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	
	3.	In general, would you say that your health is	
		D Excellent D Very good D Good D Fair D Poor	
4.		Have you ever been diagnosed with cancer?	
		☐ Yes ☐ No (GO TO QUESTION 5)	
		If 'Yes', what type of cancer?	
	5.	Has anyone in your immediate family (i.e., spouse, children, parents, siblings) ever been diagnose with cancer?	:d
		☐ Yes ☐ No or Don't Know (Go To PART III, QUESTION 1)	
		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	
		1	
		2	
		3	
		4	
		·	

Part III SECTION B: Experience with Tests and Screenings

B1.

☐ Yes ☐ No

Now we are interested in your experience with colorectal cancer screening ortesting talking with your primary care provider about disease prevention and having different screening tests, including colon cancer screening. When we use the term colon cancer, we mean cancer of the colon, rectum or bowel. It is sometimes called colorectal cancer. Please answer the following questions. About colon cancer and colon cancer screening tests.

prompted caused your doctor provider to suggest you be tested for colon cancer?

Have you ever had any bowel symptoms (i.e., blood in the stool, changes in bowel movements) that

[Now o	question # 3)							
<i>B</i> 2. Have you heard of the following tests for colon cancer?								
			Yes	No	<u>) </u>			
	a. Digital rectal exam Rectatest"	ıl exam "finge	er 🗆					
	b. Fecal occult blood test (F Hemoccult test (stool card t	,						
	c. Fecal Immunochemical T	Test (FIT)						
	d. Flexible sigmoidoscopy							
	e. Colonoscopy							
	f. Virtual colonoscopy							
	g. Barium enema							
[Now o	question #4]							
ВЗ.	How worthwhile do you (PLEASE MARK "DON'T K		_		0			
		Not at all worthwhile	Slightly worthwhile	Somewhat worthwhile	Quite worthwhile	Very worthwhile	Don' t Know	
	Digital rectal exam -Rectal m "finger test"							
(FO	ecal occult blood test BT) or Hemoccult (stool l test)							
c. <i>F</i> (FI)	ecal Immunochemical Test T)							
4.0	lexible sigmoidoscopy				П	_		
u. F	lexible signioldoscopy	ш	ш	Ц	ч	Ц		

		Form B Control No: (iration Date: (
e. Colonoscopy f. <i>Virtual colonoscopy</i> g. Barium enema			
[Now question #5)			

Please check (✓) below if your doctor primary care provider did or ordered the following tests B**4.** at your last check-up AND / OR some other time in the last five years.

Tests ordered Did your provider order aby of the following tests?:		Ordered at ⁄isit? ✓ answer	Done or Ordered in the last 5 years? ✓ answer		
	Yes	No	Yes	No	
a. Blood pressure check					
b. Cholesterol test (blood test)					
c. Digital Rectal exam for colon cancer (i.e., 'finger' test)					
d. FOBT (stool card test)					
e. Flexible sigmoidoscopy					
f. Colonoscopy					
For Women:					
g. Pap smear					
h. Breast exam					
i. Mammogram (breast x-ray)					
For Men:					
j. Prostate specific antigen blood test (PSA)					
[Now question #2)					

[Now question #2)

Please check (1) below if your doctor provider talked to you about each issue at your last B**5.** check-up AND / OR anytime in the last five years.

Did your doctor <i>provider</i> talk	Talked about at last check- up?			Talked about in the last 5 years?			IF TALKED ABOUT: Who brought the subject up?		
to you about:	Yes	No	NA	Yes	No	NA NA	Me	Doctor	NA
a. Smoking			₽			—	₽	₽	₽
b. Exercise or physical activity							₽	₽	
c. Your dietary practices Dietary and nutritional habits			 			 			
d. Colon cancer screening			↔			↔	₽	₽	¦ ⊕

			[₽	₽	
For Women:			 			İ İ			
e. Breast Cancer Screening						į			į
f. Cervical cancer screening			_ □			 			
For Men:						🗗	₽	₽	-
Prostate cancer screening			 			 			
Colorectal cancer screening	₽	₽	 	₽	\Box	 	₽	\Box	
Fecal occult blood test (FOBT)	₽		- - - -	₽	₽	 	₽	₽	—
Flexible sigmoidoscopy	₽	₽	¦ □ ∣	₽	₽	🗗	₽	\Box	₽
Colonoscopy	₽	₽	<u> </u>		\Box	₽	₽	\Box	□
PLEASE ANSWER THE FOLLOWING QUESTIONS, PLEASE WRITE IN OR	QUESTIC	NS ABC	OUT COL	ON CAN					
C1. In general, would you so	ıv that voi	ır healtl	h is						
Excellent Very good Good Fair Poor	y macy oc	. reute							
C2. Have you eve Question C2a)	er been	diagno	osed v	vith cai	ncer?	🗖 Yes	(if Yes, _l	please ai	nswer
				□ No ((If No, p	olease	answer	Questio	n C3)
C2a. What type of co	ancer? (P	lease sp			-				
C3 Has anvone in your imm	ediate far	nilv (i e	snous	e childr	en narei	nts sihlii	nas) ever	heen diaar	nosed

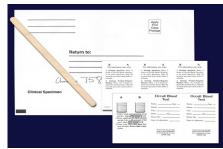
with cancer?

	☐ Yes ☐ No ☐ Don't Know
C4.	Has anyone in your immediate family (i.e., spouse, children, parents, siblings) ever been diagnosed with colon cancer? ☐ Yes ☐ No ☐ Don't Know
C5.	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 or unlikely Likely Extremely likely
<i>C</i> 6.	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

Part IV SECTION D: Colon Cancer Screening Experience

Now we are interested in your experience with either FOBT, Flexible Sigmoidoscopy or 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).



Flexible Sigmoidoscopy is also called a 'Flex Sig'. It is when 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 clinis without a sedative. You have to have someone to drive you home, and you may have to miss work for the day.



A Colonoscopy is a medical procedure which you will have is done in a clinic or hospital setting. It allows a full viewing of the colon. You will have a preparation that you will do at home, and during the procedure you will be 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.

Where have you received information about colon cancer screening tests? Please check (✓) all that

a. Brochure in the clinic.....

b. Your provider.....

D1.

apply.

	<i>C</i> .	Nurse or medic	al assistant		•••••			
	d.	Work wellness _l	program					
	e.	Information pac						
	f.	Media (TV, mag						
	g.	Friends or fami	ily		•••••			
		Other (Specify:						
D2.	Dloog	1 1 1 1						
	scree	Never had screening		a have had each ONLY ONE BO 6 months to a year ago			6-10 years ago	More than 10
a. FOBT	scree	ning tests. (PLEA	ASE CHECK (✔ Less than 6	() ONLY ONE BO	OX FOR EACH 1-2 years	TEST). 3-5 years	6-10 years	
	scree le	Never had screening	ASE CHECK (✔ Less than 6	() ONLY ONE BO	OX FOR EACH 1-2 years	TEST). 3-5 years	6-10 years	
a. FOBT b. Flexib	scree le oscop	Never had screening	ASE CHECK (✔ Less than 6	() ONLY ONE BO	OX FOR EACH 1-2 years	TEST). 3-5 years	6-10 years	

Yes

No

	Occur					
recui	Occui	ום ז	oou	Test	(TO)	DIJ

h. Explanation of the FOBT test results

i. Receiving the FOBT test results

3. Were you given instruc	tions on how to	use the FOBT	'cards? -						
☐ Yes ☐ No									
4. Were you reminded to r	eturn the cards	?							
☐ Yes ☐ No									
5. Did you return the card	s?								
——————————————————————————————————————	——————————————————————————————————————								
6. Did you get the results?	⊒ Yes □ No								
7. How did you get the res	ults?								
Phone call from: 🚨 pl	h ysician D nu	rse 🛭 medico	al assistant						
Letter from: □ ph	ıysician 🛭 clin	nic 🛮 lab							
8. PLEASE CHECK (✓) THE BEST ANSWI	ER BELOW:								
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	-	₽	-	₽	₽				
b. The doctor's explanation of the procedures to do the FOBT test	₽	₽		₽	₽				
c. Dietary restrictions		\Box		\Box	\Box				
d. Overall preparations for the FOBT	₽	₽	₽	\Box	\Box				
e. Collection of the stool sample	₽	\Box	₽	₽	\Box				
f. Reminder procedures	₽	₽	₽	₽	₽				
g. Follow-up procedures	₽	₽	₽	₽	\Box				

 \Box

 \Box

 \Box

Have you been given an FOBT kit to take home in the last year?

☐ Yes ☐ No → (IF No, GO TO QUESTION 9)

Flexible Sigmoidoscopy (Flex Sig) (Please see the definition on page 6)

h. The level of discomfort during the Flex-

j. Explanation of the Flex Sig test results

Sig procedure

i. Follow-up procedures

In the past 5 years did your doctor recommend a Flex Sig test?

☐ Yes ☐ No → (IF No, GO TO ↓	QUESTION 14))			
▼ 10. Did you schedule an appoint	ment?				
Tyes I No If No, Why	not?				
11. Did you have the test? — Yes — No If No, Why	not?				
12. Did you get the results?		=			
13. PLEASE CHECK (√) THE BEST ANSWER Flex Sig How satisfied were you with	Wery Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfie
a. Colon cancer information given by your doctor	\Box			₽	₽
b. The doctor's explanation of the Flex Sig screening test	₽	₽	-	₽	₽
c. Dietary restrictions	\Box	₽	\Box	\Box	₽
d. The use of an enema or laxatives	\Box	₽	₽	\Box	₽
e. Overall preparations for the Flex Sig	₽	₽	₽	\Box	₽
f. The convenience of the screening-location	₽	₽		₽	
g. How the screening technician treated me	₽	₽	₽	₽	

 \Box

 \Box

 \Box

 \Box

Colonoscopy (Please see the definition on page 6)

14.	In the past 10 years did your doctor recommend a Colonoscopy test?					
	☐ Yes ☐ No → (IF NO, SKIP TO NEXT SECTION)					
	15. Did you schedule an appointment?					
	☐ Yes ☐ No If No, Why not?					
	16. Did you have the test?					
	☐ Yes ☐ No If No, Why not?					
	17. Did you get the results? ☐ Yes ☐ No					

18. PLEASE CHECK (\checkmark) THE BEST ANSWER BELOW:

10. I ELAGE GILCOK (*) THE BEST ANSWER	BEEGW.		Neither		
How satisfied were you with	Very Dissatisfied	Dissatisfied	Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a. Colon cancer information given by your doctor	₽			₽	₽
b. The doctor's explanation of the Colonoscopy screening test	\ominus		₽	₽	₽
c. Dietary restrictions		₽	₽	₽	
d. The use of an enema or laxatives	\Box	\Box	\Box	\Box	\Box
e. Overall preparations for the Colonoscopy	₽		₽	₽	₽
f. The convenience of the screening-location	\ominus	₽	₽	₽	₽
g. How the screening technician treated me	\Box	\Box	\Box	\Box	₽
h. The level of discomfort during the Colonoscopy procedure	₽	₽	₽	₽	₽
i. Follow-up procedures	₽	\Box	\Box	₽	\Box

NOTE: Following questions D3 through D8 related to patient's experience with CRC screening at his/her last PC visit, are old (modified) questions, which in the original survey were in Part IX. In the new survey the whole part IX is deleted (see above), and these few questions have been moved to this section. Number of items and information to be gathered remains the same, with no impact on purpose, scope or anticipated analyses.

Now we are interested in your **experience with colon cancer screening** at your last primary care visit and in the past few years.

ιαδί μι	inary care visit and in the past lew years.
	D3. Did you receive any information about colorectal cancer screening in the mail, <u>before</u> your <u>last primary care visit</u> ?
	☐ Yes (Continue) ☐ No (IF No, GO TO QUESTION D6)
	D4. Did you read through the information about colorectal cancer screening <u>before</u> your appointment?
	☐ Yes ☐ No
D5.	Did you find the information about colon cancer screening to be helpful? ☐ Yes ☐ No
D6. [Did you and your provider talk about colon cancer screening at your last primary care visit?
	Voc (Continue)
	Yes (Continue)
J	No (If No, please go to Question D9) D7. Who started the conversation about colon cancer screening at your <u>last primary care visit</u> ? Please ✓ only one.
	☐ You
	☐ Your provider
	☐ One of clinic staff
D8. Plea	ase check how strongly you agree or disagree with the statements about your colon cancer screening discussion at your last primary care visit.
	Neither Strongly Agree nor Strongly Disagree Disagree Agree Agree
	a. I felt that colon cancer screening was

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	important for me.					
	b. My provider listened carefully to what	_	_	_		
	I had to say about colon cancer screening.			Ц		Ц
	c. My provider answered all my					
	questions about colon cancer screening. d. I felt that colon screening could					
	prevent colorectal cancer.					
	e. I felt understood					
	f. I felt comfortable expressing my	_	_	_		_
	feelings about colon cancer					
	screening					
		_	_	_	_	_
	g. My provider acted like I was wasting his or her time.					
	h. I felt comfortable asking					
	questions about colon cancer					
	•	П				
	screening	_	_		_	_
	i. I felt pressured to get screened			П		
		_	_			_
	j. I wanted the conversation to	П	П	П		
	end	_				_
	k. At the end of the discussion					
	I wanted to get screened for colon					
	cancer	Ц				–
Feca page	ul Occult Blood Test (FOBT) (Pl	lease se	e the des	scription	on	
1 - 3 -	,					
D9.	At <u>your</u> last primary care visit, did yo	our		(Continue)		
	provider talk with you about colon		■ No (If No, pleas	e go to Ç	uestion
	cancer screening with an FOBT kit?	•	D12))		
D10.	At <u>your</u> last primary care visit, did yo	our	□ Yes	(Continue)		
D10.	provider recommend that you get	Jui		If No, pleas	o do to C	Nucetion
	screened with an FOBT kit?		•	•	e go to Ç	uestion
	Scieened with an FODT kit!		D12))		
544				(16.)		
D11.	At your last primary care visit, were	you		(If Yes, plea	ase go to	Question
	given an FOBT kit to take home?		D13)	,		
			□ No (Continue)		
• D12 I	in the last years years are size or EODE	lrit to tales 1-	oma)			
D12. I	n the last year, were you given an FOBT	kit to take f	iomer			
	☐ Yes (Continue)					

	☐ No (IF No, GO TO QUESTI	on D20)					
	When you were given the kit, d		ur provider's	office give you	1		
	☐ Yes ☐ No						
D14. return	After you got home, did someon the cards?	ne from your prov	vider's office	remind you to			
	☐ Yes ☐ No						
D16.	Did you return the FOBT cards	?					
	☐ Yes (Continue) ☐ No (If No, please go to Question D20)						
D17.	How did you get the results?						
	☐ Phone call from the provider ☐ Letter from the provider's of ☐ In person ☐ Never go the results						
D15. H	ow satisfied were you with	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	
	on cancer information given by ır provider's office						
	e provider's explanation of the cedures to do the FOBT test						
-	nstructions on how to do the						
que	ng help from your clinic if you had estions about completing the BT kit						
	ow satisfied were you with ease check the best answer)	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	

a. Diet	ary r	restrictions					
b. Ove	rall p	preparations for the FOBT					
c. Completing the FOBT kit at home		ng the FOBT kit at home					
d. Coll	ectio	on of the stool sample					
e. Sendi	ing tl	ne sample to the clinic or lab					
		or lab contacting you about rest results					
0		ion of the FOBT test results					
D19.	What motivated you to get screened with the FOBT? Please check (\checkmark) all that apply.			the	Yes	No	
	a.	Talking with your provider					
	b.	Nurse or medical assistant					
	c.	Reading about colon cancer s	creening				
	d.	Friends or family members					
	e.	Colon cancer screening materials received in the mail					
	f.	Hearing about colon cancer so media	colon cancer screening in the				
	g.	Work wellness program					
	h.	Other (Specify:)				

Flexi X.)	ble Sigmoidoscopy (Flex Sig) (Please	e see the description on page
D20.	At <u>your last primary care visit</u> , did your provider <u>talk with you about</u> Flex Sig screening?	☐ Yes (Continue)☐ No (If No, please go to Question D22)
D21.	At your last primary care visit, did your provider recommend Flex Sig screening? D22. In the past 5 years did your doctor recommend of the year (Continue) No (IF No, GO TO QUESTION D25) D23. Did you schedule a Flex Sig appointment? Yes (Continue) No (IF No, GO TO QUESTION D25) D24 Did you have the screening? Yes No	☐ Yes (If Yes, please go to Question D23) ☐ No (Continue) and a Flex Sig screening?
Colo	noscopy (Please see the description	on page 5)
D25.	At <u>your</u> last primary care visit, did your provider talk with you about Colonoscopy screening?	☐ Yes (Continue) ☐ No (If No, please go to Question D27)
D26.	At <u>your</u> last primary care visit, did your provider recommend Colonoscopy screening?	☐ Yes (If Yes, please go to Question D28)☐ No (Continue)
D27.	In the <u>past 10 years</u> did your provider reco	mmend a Colonoscopy
	☐ Yes (Continue) ☐ No (If NO, PLEASE GO TO SECTION E)	

D29. I	Did you or someone at the clinic so	chedule a Colo	noscopy appoi	ntment for y	ou?	
	Yes (Continue) No (If No, PLEASE GO TO SEC	TION E)_				
D30.	Did you receive a call or mail to you to keep your Colonoscopy appointment?		☐ Yes ☐ No			
I	D31 Did you have the screening	;?				
 1	Yes (Continue) No, I am still scheduled (If No, p o, I decided not to have it (If No	_	-			
I	D32. How did you get the results?					
☐ Lette	ne call from the provider's officeer from the provider's officeerson r got the results	e				
	nen your provider recommended noscopy, how satisfied were you	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
	n cancer information given by your der's office					
	provider's explanation of the noscopy screening					
D33.	When you had the Colonoscopy, how satisfied were you with:	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
	a. The process of making th Colonoscopy appointmen					
	b. The time interval between making the appointment and the actual screening appointment					
	c. Dietary restrictions for the Colonoscopy					

	d.	Getting help from your clinic if you had questions about colonoscopy				
	e.	The use of laxative or enema				
	f.	Overall preparations for the Colonoscopy		٥		
	g.	The convenience of the screening location				
	h.	How the screening specialist treated you				
	i.	Your comfort during the Colonoscopy procedure				
	j.	The doctor or clinic contacting you about your Colonoscopy test results				
	k.	Explanation of the Colonoscopy test results				
D34.		at motivated you to get screened l onoscopy? Please check (✔) all t	•	 ⁄es	No	
f. g h i. j. k D34. Wr Co a. b. c. d. e. f.	a.	Talking with your provider				
	b. I	Nurse or medical assistant				
	c. I	Reading about colon cancer scree	ning			
	d. I	Friends or family members				
		Colon cancer screening materials the mail				
		Hearing about colon cancer scree	•			
	g. \	Work wellness program				
	h. (Other (Specify:).				

<u>Part V SECTION E: Your Opinions About Colon Cancer Knowledge</u>

E1.	For each of the following statements pl	lease check if you	"disagree", "agre	ee" or are "	'not
	sure".				

		Disagree	Agree	Not Sure
a.	Eating foods high in fat increases your risk of developing colon cancer.			
b.	Your chances of getting colon cancer are greater if you have a family member who had colon cancer.			
c.	Men get colon cancer more often than women.			
d.	If a person gets colon cancer, it cannot be cured.			
e.	Blood in your stool means you have cancer for sure.			
f.	A diet with a lot of roughage <i>fiber</i> , like fruits, vegetables, and grains, may reduce your chances of getting colon cancer.			
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.			

Part VI SECTION F: Your Opinions About Colon Cancer Screening

PLEASE CHECK (\checkmark) HOW STRONGLY YOU DISAGREE OR AGREE WITH EACH OPINION BELOW.

*F*1. Discussing colon cancer screening with my doctor provider:

	. Discussing colon curies screening with h	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a.	is not necessary because of my age.					
b.	is hard to do because my doctor doesn't think it is important.					
с.	is not as important as talking about other health problems I have.					
d.	is only needed if I have symptoms.					
e.	would just mean that I would have to have more unnecessary tests done.					
f.	is not needed because my doctor has already covered all the issues with me.					
g.	would take too much time.					
h.	would make me uncomfortable.					
i.	is something the doctor won't talk about because my insurance doesn't cover it.					

i.	is hard to do because my doctor is not easy to talk to.					
j.	is a waste of time because when I ask questions, the doctor doesn't have answers.					
k.	would be embarrassing.					
	HETHER OR NOT YOU HAVE BEEN GIVEN INIONS ARE IMPORTANT TO US.	AN FOBT K	(IT TO TAKE	HOME, YOU	JR	
	EASE CHECK (✓) HOW STRONGLY YOU I LOW <i>ABOUT FOBT (STOOL CARDS</i>).	DISAGREE O	R AGREE W	'ITH EACH O	PINION	
F2.	Having an FOBT (Fecal Occult Blood	Strongly		Neither Agree nor		Strongly
a.	is needed only if I have symptoms.	Disagree	Disagree	Disagree	Agree	Agree
b.	is needed only if there is a family history of colon cancer.					
c.	is not needed if I eat a healthy diet.					
d.	would only detect cancer after it is too late.					
e.	would give me a feeling of control over my health.					
f.	is something I am too busy to do.					
g.	would protect my health so I can take better care of my family.					
h.	is not as important as screening tests for other diseases and cancers.					
i.	is something I am sure I can do					
j.	is not necessary at my age.					
k.	would be awful (disgusting) because I have to handle my stool.					
l.	is a test I like being able to do in the privacy of my own home.					
m.	is not needed if I've had it once before.					
n.	involves too much hassle because I have to prepare for the test.					
0.	is something I don't know how to do correctly.					
p.	is a waste of time because the test is not					

	accurate.			
q.	is unnecessary for women because only men are at risk for colon cancer			
r.	would make me worry about the results			
S.	is unnecessary if I have a Flex Sig or a Colonoscopy			

Whether or not you have had a Flex Sig, your opinions are important to us.

PLEASE CHECK (✓) HOW STRONGLY YOU DISAGREE OR AGREE WITH EACH OPINION-BELOW.

3. Having a Flex Sig (Flexible Sigmoidoscopy) test:

_	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. is needed only if there is a family history of colon cancer	₽	₽	₽	₽	₽
 b. can prevent me from getting colon cancer- by finding and removing polyps that could become cancer- 	-	₽	-		
c. is unnecessary if I have an FOBT			₽		
d. is unnecessary if I have a Colonoscopy		\Box		\Box	
e. is <u>not</u> needed if I eat a healthy diet	₽			₽	
f. would only detect cancer after it is too late	₽	₽			
g. would give me a feeling of control over my health	₽	₽		₽	
h. is something I am too busy to do	\Box	\Box		lue	lue
i. would protect my health so I can take better care of family	₽	₽		₽	
j. is not as important as screening tests for other diseases and cancers	₽			₽	
k. is a hassle because the wait for the appointment is too long	₽	₽	₽	₽	₽
l. is not necessary at my age	₽			\Box	\Box
m. would be embarrassing					\Box
n. would be stressful (frightening, scary)	\Box	\Box	\Box	\Box	\Box
o. would be uncomfortable	₽	\Box	₽	\Box	\Box
p. is not needed if I've had it once before	₽	\Box	₽	\Box	\Box
q. involves too much hassle because I have to prepare for the test	-	₽	₽	₽	₽
r. is unnecessary for women because only men are at risk for colon cancer	-	₽	₽	₽	-

Whether or not you have had a Colonoscopy, your opinions are important to us.

PLEASE CHECK (\checkmark) HOW STRONGLY YOU DISAGREE OR AGREE WITH EACH OPINION BELOW *ABOUT COLONOSCOPY*.

F3. Having a Colonoscopy *screening* test:

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a.	is needed only if there is a family history of colon cancer					
b.	can prevent me from getting colon cancer by finding and removing polyps that could become cancer					
c.	is unnecessary if I have an FOBT					
d.	is unnecessary if I have a Flex Sig					
e.	is not needed if I eat a healthy diet					
f.	would only detect cancer after it is too late					
g.	would give me a feeling of control over my health					
h.	is something I am too busy to do.					
i.	is something I am sure I can do					
j.	would protect my health so I can take better care of family					
k.	is not as important as screening tests for other diseases and cancers					
l.	is a hassle because the wait for the appointment is too long					
m.	is not necessary at my age					
n.	would be embarrassing					
0.	would be scary					
p.	would be uncomfortable					
q.	is not needed if I have had it once before					
r.	involves too much hassle because I have to prepare for the test					
S.	is unnecessary for women because only men are at risk for colon cancer					
t.	would make me worry about the results					
и.	is hard because I would have to go to another clinic for the test					

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.

5. Please check (🗸) how strongly you disagree or agree with each opinion below:

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a.	Fitting a flex sig screening test into my schedule is hard	₽	₽	₽	₽	₽
b.	I have trouble taking time off from work to do the flex sig test	₽	₽	₽	₽	₽
a.	Fitting a colonoscopy screening test into my schedule is hard					
b.	I have trouble taking time off from work or changing my schedule to do the colonoscopy test					
c.	Colon cancer screening is a way for doctors and insurers to make money					
f.	Medicare pays for flex sig screening	₽	\Box	\Box	₽	\Box
g.	Medicare pays for colonoscopy screening	₽		₽		₽
h.	My insurance or health plan pays for flex sig screening	₽				₽
i.	My insurance or health plan pays for colonoscopy screening	₽		₽		₽
d.	I would do the FOBT kit if my doctor provider tells me to					
e.	I would do the flex sig <i>screening</i> if my doctor provider tells me to					
f.	I would do the colonoscopy <i>screening</i> if my doctor tells me to					
g.	My doctor never provider always talks about <i>screening for</i> colon cancer					
h.	My doctor never provider always talks about FOBT					
0.	My doctor never talks about flex sig					
i.	My doctor never talks always talks about colonoscopy					

Part VII SECTION G: Social Support

PLEASE CHECK (\checkmark) HOW STRONGLY YOU DISAGREE OR AGREE WITH EACH OPINION BELOW.

G1. Discussing colorectal cancer screening something that is encouraged by:	ng with my	doctor (the	one who did	my last ch	eck-up) is
3 3 7	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. my spouse or partner $\square NA$		Disagree		Agree	Agree
b. my family					
c. my friends					
d. my doctor provider or nurse					
e. the popular -media (TV, radio, magazines)					
G2. My having an FOBT is something th	at is encour	raged by:			
	Strongly		Neither Agree nor		Strongly
	Disagree	Disagree	Disagree	Agree	Agree
a. my spouse or partner $\square NA$					
b. my family		Ц			
c. my friends	<u> </u>	U			u
d. my doctor <i>provider</i> or nurse		Ц			
e. the popular media (TV, radio, magazines)	Ц		Ц	Ц	ш
3. My having a screening flex sig is son	nething that	t is encoura			
	Strongly		Neither Agree nor		Strongly
	Disagree	Disagree	Disagree	Agree	Agree
a. my spouse or partner					
b. my family			U		
c. my friends		_			
d. my doctor or nurse		U			
e. the popular media (TV, radio, magazines)		₽	₩		
G3. My having a screening colonoscopy	screening i s	s something	that is enco	uraged by:	
	Strongly	D'annu	Agree nor	A	Strongly
a. my spouse or partner $\square NA$	Disagree	Disagree	Disagree	Agree	Agree
b. my family					
c. my friends		ū			

e. the popular media (TV, radio, magazines)			

Part VIII SECTION H: Plans to Talk About Colon Cancer or Get Screened

PLEASE CHECK (\checkmark) HOW STRONGLY YOU DISAGREE OR AGREE WITH EACH OPINION BELOW.

*H*1. *Please answer the following questions about cancer screening:*

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a.	I plan to discuss colon cancer screening with my doctor provider at my next check-up primary care visit.					
b.	I plan to get screened for colon cancer in the next year.					-
C.	I plan to do an FOBT after my next check- up for colon cancer screening in the next year.		Ш	Ц	Ц	u
d.	I plan to have a Flexible Sigmoidoscopy after my next check-up for colon cancer screening in the next year.					
	e. I plan have a Colonoscopy after my next check-up for colon cancer screening in the next year.					
	 I plan to do whatever my doctor tells me to do for colon cancer screening in the next year. 					
Part IX:	Colon Cancer Screening at Last Cl Please check (✓) if you or your doctor of		ing things at	your last shoe	sk up	
1,	r lease check (*) ii you or your doctor (nu the follow	ring tillings at	your fast chec	Yes	No
	a. Did you receive any information about mail, before your appointment?	ut colorectal	cancer screet	ning in the		₽
	b. IF YES: Did you read through the in screening before your appointment?		out colorecta	l cancer		₽
	c. Did you bring up colorectal cancer s	creening wit	h your doctor	?	\Box	₽
	d. Did your doctor bring up colorectal	cancer screer	ning with you	?	-	-
	e. Did any clinic staff (medical assistated screening with you?	nt, nurse) disc	cuss colorecta	al cancer		

IF YOUR DOCTOR DID NOT TALK TO YOU ABOUT COLON CANCER SCREENING AT YOUR LAST CHECK-UP, PLEASE SKIP TO THE END.

Please check (✓) how strongly you agree or disagree with the statements about your colorectal cancer screening discussion at your last check-up. Neither Check-up and colorectal cancer Strongly Agree nor Strongly screening experience: **Disagree Disagree Disagree Agree Agree** a. The doctor or other clinic staff made- \Box \Box \Box \Box \Box me feel that colorectal cancer screening was important for me. b. The doctor or other clinic staff \Box \Box \Box listened carefully to what I had to say. c. The doctor or other clinic staff ₽ \Box answered all my questions. d. The doctor or other clinic staff made- \Box \Box \Box \Box \Box me feel that screening could preventcolorectal cancer. e. I trust that the doctor and other clinic-₽ \Box \Box \Box staff have my best interest at heart. f. The doctor and other clinic staff act like I'm wasting their time. g. The doctor and other clinic staff treat \Box \Box \Box me in a very friendly and courteous manner. Please check (\checkmark) if you or your doctor did the following things at your last check-up. Yes No ₽ a. Did your doctor discuss colorectal cancer screening with an FOBT kit with you? \Box \Box b. Did your doctor recommend that you should do your colorectal cancerscreening with an FOBT kit? c. Did you agree that you should do your colorectal cancer screening with an FOBT kit? d. Did you get an FOBT home kit from your doctor or other clinic staff? \Box \Box e. Did you phone the consulting nurse to ask questions about the FOBT home kit **after** your appointment? \Box \Box f. Did you receive a phone call from a nurse or medical assistant after your appointment to ask about your FOBT home kit? \Box \Box g. Did you return your FOBT cards to your doctor's office? IF YOU DID NOT GET AN FOBT HOME KIT DURING YOUR LAST CHECK-UP, PLEASE SKIP TO QUESTION 6.

4. Please check (✓) how satisfied you were with your FOBT colon cancer screening experience from your last check-up.

	e way the doctor or clinic staff- plained how to do the FOBT test.				₽	
	e interaction you had with the doctor	₽	₽	₽	П	П
du	ring your visit.	_	_			_
d. Th	e interaction you had with other			₽		
cli	nic staff during your visit.	П	₽	₽	П	П
	our check-up in general e process of completing the FOBT	_	_	_	_	_
	at home.	₩			U	₩
g. Ho	ow easy it was to return the mpleted kit.	₽	₽	₽	₽	₽
h. Th	e written instructions on how to- mplete your FOBT kit at home.	₽	₽	₽	₽	
i. Th	e help you received from thensulting nurse if you called her.	₽	₽	₽	₽	₽
j. Th	e help you received from the nurse- medical assistant if s/he called you.	₽	₽	₽	₽	₽
FOB1	- experience:	Strongly		Neither Agree nor		Strongly
1001	experience.	Disagree	Disagree	Disagree	Agree	Agree
	Fhe diet restrictions of the FOBT were easy to follow.	-		₽	₽	₽
	vere easy to romow.					
c. (Completing the FOBT kit at homewas easy.		₽	₽		₽
e. (t d. 7	Completing the FOBT kit at home					
e. (d. 7 H e. H	Completing the FOBT kit at homewas easy. The directions for completing the					
e. (d. 7 e. 1 e. 1 f. 1	Completing the FOBT kit at homewas easy. The directions for completing the FOBT kit were easy to understand. knew who I could call if I had questions about completing the FOBT	_		_	_	
e (d ; e I f V	Completing the FOBT kit at homewas easy. The directions for completing the FOBT kit were easy to understand. I knew who I could call if I had questions about completing the FOBT kit at home. Waiting for the test results made me	- -	☐ ☐ ☐ ☐ ; things at yo	- 	- - -	
e (d ; e I f V	Completing the FOBT kit at homewas easy. The directions for completing the FOBT kit were easy to understand. knew who I could call if I had questions about completing the FOBT kit at home. Waiting for the test results made meworry.	- -	☐ ☐ ☐ G things at yo	- 	— ⊒ ——————————————————————————————————	_
e (Completing the FOBT kit at homewas easy. The directions for completing the FOBT kit were easy to understand. I knew who I could call if I had questions about completing the FOBT kit at home. Waiting for the test results made meworry. See check (*) if you or your doctor did to	☐ ☐ he following		- 	— ———————————————————————————————————	
6. Pleas	Completing the FOBT kit at homewas easy. The directions for completing the FOBT kit were easy to understand. knew who I could call if I had questions about completing the FOBT kit at home. Waiting for the test results made meworry. See check (*) if you or your doctor did to the could your doctor discuss a screening flex.	☐ ☐ he following sig with yo	u?	☐ ☐ ur last check	— ⊒ ——————————————————————————————————	_
6 Pleas a I b I	Completing the FOBT kit at homewas easy. The directions for completing the FOBT kit were easy to understand. I knew who I could call if I had questions about completing the FOBT kit at home. Waiting for the test results made meworry. See check (*) if you or your doctor did to	☐ ☐ he following sig with yo	u?	☐ ☐ ur last check	— ———————————————————————————————————	_

Very Dissatisfied

 \Box

FOBT experience:

for the FOBT test.

a. The way the doctor explained the need-

Somewhat

Dissatisfied

 \Box

Very Satisfied

Somewhat

Satisfied

 \Box

Neither

d.	Did you agree that you should do your colorectal cancer screening with a flex sig?		—
e.	Did you schedule for a flex sig appointment?	₽	₽
IF	YES:		
f.	Did you receive a phone call or post card to remind you to keep your appointment for the flex sig?		-
g.	Did you keep your flex sig appointment?		
h.	Are you still waiting for your flex sig appointment?		₽

IF YOU DID NOT DISCUSS FLEX SIG FOR COLON SCREENING DURING YOUR LAST CHECK-UP, PLEASE SKIP TO QUESTION 9.

7. Please check (✓) how satisfied you were with discussing flex sig during your last checkup.

FLEX SIG DISCUSSION:	Very Dissatisfied	Somewhat Dissatisfied	Neither-	Somewhat Satisfied	Very Satisfied
a. The way the doctor explained the need for the flex sig test.		₽	₽	₽	₽
b. The way the doctor explained how the flex sig was done.	₽	₽	₽	₽	₽
c. The interaction you had with the doctor about flex sig.	₽	₽	₽	₽	₽
d. The interaction you had with other staff about flex sig.	₽	₽	₽	\Box	₽
f. The process of making the appointment for the flex sig.	₽	₽	₽	₽	₽
h. The written instructions on how to prepare for the appointment.					
i. The way the doctor explained the dietary restrictions.	₽	₽	₽		₽

IF YOU HAVE NOT YET HAD YOUR FLEX SIG SCREENING APPOINTMENT, PLEASE SKIP TO QUESTION 9.

8. Please check (✓) how strongly you agree or disagree with the statements describing your flex sig experience.

Flex Sig experience:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The dietary restrictions to prepare for the flex sig were easy to follow.	₽	₽	₽	₽	\Box
b. It was hard to wait for the appointment.	\Box	\Box	\Box	\Box	\Box
 The staff at the flex sig appointment were helpful. 	₽	₽	₽	\Box	\Box
d. Waiting for the test results made meworry.	₽	\Box	\Box	₽	₽
e. I knew who I could call if I had questions about the flex sig-		₽	₽		
appointment. f. Keeping the appointment was easy.	₽	₽	₽	\Box	₽

				Yes	No
a. Did your doctor discuss a screening	colonoscopy v	vith you?	•	₽	
b. Did any clinic staff (medical assista colonoscopy with you		-	-		-
c. Did your doctor recommend that yo screening with a colonoscopy?	u should do yo	ur colorectal c	ancer	₽	₽
d. Did you agree that you should do yo colonoscopy?	our colorectal c	ancer screenin	g with a		
e. Did you schedule for a colonoscopy	appointment?				\Box
IF YES:					
f. Did you receive a phone call or post appointment for the colonoscopy?	card to remino	l you to keep y	'our-		
g. Did you keep your colonoscopy app	ointment?			\Box	\Box
		ment?		₽	₽
h. Are you still waiting for your colone IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP			EENING 1	DURING	
IF YOU DID NOT DISCUSS COLONOSC	TO THE EN	D. lonoscopy scre Somewhat	eening expo	erience. Somewhat	Very Satisfied
IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP 10. Please check (✓) how satisfied you were	TO THE EN	lonoscopy scree Somewhat Dissatisfied	eening expo	erience. Somewhat Satisfied	Satisfied
IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP 10. Please check (✓) how satisfied you were as the way the doctor explained the need for	TO THE EN	D. lonoscopy scre Somewhat	eening expo	erience. Somewhat	•
IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP 10. Please check (✓) how satisfied you were	TO THE EN	lonoscopy scree Somewhat Dissatisfied	eening expo	erience. Somewhat Satisfied	Satisfied
IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP 10. Please check (✓) how satisfied you were a. The way the doctor explained the need for the colonoscopy test. b. The way the doctor explained how the	TO THE EN	lonoscopy scree Somewhat Dissatisfied	Neither	Somewhat Satisfied	Satisfied
 IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP 10. Please check (✓) how satisfied you were a. The way the doctor explained the need for the colonoscopy test. b. The way the doctor explained how the colonoscopy was done. c. The interaction you had with the doctor about colonoscopy. d. The interaction you had with other staff about colonoscopy. 	TO THE EN	Somewhat Dissatisfied	Neither	Somewhat Satisfied	Satisfied
 IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP 10. Please check (✓) how satisfied you were a. The way the doctor explained the need for the colonoscopy test. b. The way the doctor explained how the colonoscopy was done. c. The interaction you had with the doctor about colonoscopy. d. The interaction you had with other staff about colonoscopy. f. The process of making the appointment for the colonoscopy. 	TO THE EN	Somewhat Dissatisfied	Neither	Somewhat Satisfied	Satisfied
 IF YOU DID NOT DISCUSS COLONOSC YOUR LAST CHECK-UP, PLEASE SKIP 10. Please check (✓) how satisfied you were the colonoscopy test. b. The way the doctor explained how the colonoscopy was done. c. The interaction you had with the doctor about colonoscopy. d. The interaction you had with other staff about colonoscopy. f. The process of making the appointment 	TO THE EN	Somewhat Dissatisfied	Neither	Somewhat Satisfied	Satisfied

restrictions.

9. Please check (✓) if you or your doctor did the following things at **your last check-up**.

11. 	Please check (✓)	how ctrongly	MOU DOROG OF	dicagron wit	h tha ctatamanta	doccribing vour
11.	Trease check (*	J HOW Strongry	you agree or	uisagiee wit	ii tile statements	describing your
	colonoscopy exp	erience.				

IF YOU HAVE NOT YET HAD YOUR COLONOSCOPY SCREENING APPOINTMENT, PLEASE SKIP TO THE END.

Colonoscopy experience:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. The dietary restrictions to prepare for	₽	₽	₽	₽	₽
the colonoscopy were easy to follow.	_ □	_ _	_ □	_ 	-
b. It was hard to wait for the appointment.c. The staff at the colonoscopy	-	_	-	_	_
appointment were helpful.				₽	
d. Waiting for the test results made meworry.	₽	₽	\Box	₽	₽
e. I knew who I could call if I had questions about the colonoscopy	₽	₽	-	₽	₽
appointment.		\Box	П	П	
f. Keeping the appointment was easy.	₩	₩	₩	₩	₩
ase let us know if you have any addition	al commei	nts:			
ase let us know if you have any addition	al commei	nts:			
ase let us know if you have any addition	al commei	nts:			
ase let us know if you have any addition	al commei	nts:			
ase let us know if you have any addition	al comme	nts:			
ase let us know if you have any addition	al comme	nts:			

THE END

THANK YOU VERY MUCH FOR COMPLETING YOUR THIS SURVEY

Please place it in the enclosed, stamped, envelope [,along with your signed HIPPA authorization form ABQ AP/Lovelace onl] and drop it in the mail for us!