

Screening and Prevention Survey

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We are interested in your opinions and experiences 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 the survey.** Your opinions are important to us!

Completing this survey will help make programs that help your provider and others give better patient care. 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 50 or older and you visited an ABQ clinic in the past 3 months. **You are being paid \$10 to compensate you for your time and effort.**

- ◆ Please **do not** have other family members fill out the survey that has been addressed to you.

- ◆ Your answers are strictly **private**.

- ◆ 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

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 HIPAA form** which allows us to include your survey answers in our final summary. ABQ HP/Lovelace only]

Thank you!

Instructions and Question Examples

This survey has several ways it asks questions. When any question asks about “your provider”, it means the doctor or medical practitioner who provides your routine primary care. 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 or 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, the questions look like this:

- A3. How satisfied were you with.....
- | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Very | Dissatisfied | Dissatisfied | Neither | Satisfied Nor | Satisfied | Very |
| | Dissatisfied | Dissatisfied | Dissatisfied | Satisfied | Satisfied | Satisfied | 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"/> | <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, the questions look like this:

- c. Men get colon cancer more often than women
- | | | | | | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Strongly | Disagree | Disagree | Neither | Agree nor | Disagree | Agree | Strongly |
| | Disagree | Disagree | Disagree | Agree | Agree | Disagree | Agree | Agree |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <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 LET US DESCRIBE PATIENTS WHO TAKE PART IN THE SURVEY. PLEASE WRITE IN OR CHECK (✓) THE BEST ANSWER.

- A1. What is your 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.)
- A 7a. 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 primary care provider you most recently saw..

A9. How long have you been a patient of the primary care provider you most recently saw?

Years Months

A10. How often have you seen this provider? **PLEASE ✓ ALL THAT APPLY.**

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

SECTION B: Experience with Tests and Screenings

NOW WE ARE INTERESTED IN YOUR EXPERIENCE 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.

B1. Please check (✓) below if your primary care provider talked to you about any of the following at your last visit AND / OR some other time in the last five years.

Did your provider talk to you about:	Talked about at last visit?		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 nutritional 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Cervical cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOR MEN:				
g. Prostate cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B2. Please check (✓) below if your primary care provider did or ordered the following tests at your last visit AND / OR some other time in the last five years.

Did your provider order any of the following tests?	Done or Ordered at last visit?		Done or Ordered in the last 5 years?	
	Yes	No	Yes	No
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"/> |

B3. Have you ever had any bowel symptoms (i.e., blood in the stool, changes in bowel movements) that caused your provider to suggest you be tested for colon cancer?

- Yes
 No

B4. Have you **heard of** the following tests for colon cancer?

	Yes	No
a. Rectal exam (“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"/>

B5. 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. Flexible 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 C: Personal Cancer Experience and Family History of Colon Cancer

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT COLON CANCER. TO ANSWER THE FOLLOWING QUESTIONS, PLEASE WRITE IN OR CHECK (✓) THE BEST ANSWER.

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

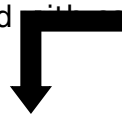
C6. Compared to other people your age how would you rate your own risk of getting colon cancer?

- Much lower
- Lower
- About the same
- Higher
- Much higher

C1. In general, would you say that your health is....

- Excellent
- Very good
- Good
- Fair
- Poor

C2. Have you ever been diagnosed with cancer? Yes (if Yes, please answer Question C2a)



No (If No, please answer Question

C3)

C2a. What type of cancer? (Please specify): _____

C3. Has anyone in your immediate family (i.e., spouse, children, parents, siblings) ever been diagnosed with cancer?

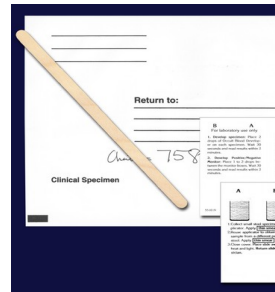
- Yes
- No
- Don't Know

- C4. Has anyone in your immediate family (i.e., spouse, children, parents, siblings) ever been diagnosed with **colon** cancer?
- Yes
 - No
 - Don't Know

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

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

D3. Did you receive any information about colorectal cancer screening in the mail, before your last primary care visit?

- Yes (Continue)
- No (IF NO, GO TO QUESTION D6)

D4. Did you read through the information about colorectal cancer screening before 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?

- Yes (Continue)
- No (If No, please go to Question D9)

D7. Who started the conversation about colon cancer screening at your last primary care visit? **Please ✓ only one.**

- You
- Your provider
- One of clinic staff

D8. Please check how strongly you agree or disagree with the statements about your **colon cancer screening discussion** at your last primary care visit.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. I felt that colon cancer screening was important for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My provider listened carefully to what I had to say about colon cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My provider answered all my questions about colon cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt that colon screening could prevent colorectal cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt understood	<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
f. I felt comfortable expressing my feelings about colon cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My provider acted like I was wasting his or her time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I felt comfortable asking questions about colon cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I felt pressured to get screened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I wanted the conversation to end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. At the end of the discussion I wanted to get screened for colon cancer	<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 X.)

- D9. At your last primary care visit, did your provider talk with you about colon cancer screening with an FOBT kit?
- Yes (Continue)
 No (If No, please go to Question D12)
- D10. At your last primary care visit, did your provider recommend that you get screened with an FOBT kit?
- Yes (Continue)
 No (If No, please go to Question D12)
- D11. At your last primary care visit, were you given an FOBT kit to take home?
- Yes (If Yes, please go to Question D13)
 No (Continue)
- D12. In the last year, were you given an FOBT kit to take home?
- Yes (Continue)
 No (IF NO, GO TO QUESTION D20)
- D13. When you were given the kit, did someone at your provider's office give you instructions on how to use the FOBT cards?
- Yes
 No

D14. After you got home, did someone from your provider's office remind you to return the cards?

- 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's office
- Letter from the provider's office
- In person
- Never go the results

D15. How satisfied were you with.....

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a. Colon cancer information given by your provider's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The provider'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"/>
c. The instructions on how to do the FOBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting help from your clinic if you had questions about completing the FOBT kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D18. How satisfied were you with (Please check the best answer)

	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
a. Dietary restrictions	<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. Completing the FOBT kit at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Collection of the stool sample	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sending the sample to the clinic or lab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The clinic or lab contacting you about your FOBT test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

g. Explanation of the FOBT test results

D19. What motivated you to get screened with the FOBT? Please check (✓) all that apply.

	Yes	No
a. Talking with your provider.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Nurse or medical assistant.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading about colon cancer screening.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Friends or family members.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Colon cancer screening materials received in the mail.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Hearing about colon cancer screening in the media.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Work wellness program.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (Specify: _____)	<input type="checkbox"/>	<input type="checkbox"/>

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

- D20. At your last primary care visit, did your provider talk with you about 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?
 Yes (If Yes, please go to Question D23)
 No (Continue)
- D22. In the past 5 years did your doctor recommend a Flex Sig screening?
 Yes (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

Colonoscopy (Please see the description on page X.)

- D25. At your 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 your last primary care visit, did your provider recommend Colonoscopy screening?
 Yes (If Yes, please go to Question D28)
 No (Continue)
- D27. In the past 10 years did your provider recommend a Colonoscopy screening?
 Yes (Continue)
 No (IF NO, PLEASE GO TO SECTION E)___
- D29. Did you or someone at the clinic schedule a Colonoscopy appointment for you?



- Yes (Continue)
- No (IF NO, PLEASE GO TO SECTION E)_

D30. Did you receive a call or mail to remind you to keep your Colonoscopy appointment? Yes No

D31 Did you have the screening?

- Yes (Continue)
- No, I am still scheduled (If No, please go to Section E)
- No, I decided not to have it (If No, please go to Section E)

D32. How did you get the results?

- Phone call from the provider's office
- Letter from the provider's office
- In person
- Never got the results

D28. When your provider 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 provider's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your provider's explanation of the Colonoscopy screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 the Colonoscopy appointment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The time interval between making the appointment and the actual screening appointment.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Dietary restrictions for the Colonoscopy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting help from your clinic if you had questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



about colonoscopy

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| e. The use of laxative or enema..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Overall preparations for the Colonoscopy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. The convenience of the screening location..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. How the screening specialist treated you..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Your comfort during the Colonoscopy procedure..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. The doctor or clinic contacting you about your Colonoscopy test results..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Explanation of the Colonoscopy test results..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

D34. What motivated you to get screened by Colonoscopy? Please check (✓) all that apply.

- | | Yes | No |
|---|--------------------------|--------------------------|
| a. Talking with your provider..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Nurse or medical assistant..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Reading about colon cancer screening..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Friends or family members..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Colon cancer screening materials received in the mail..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Hearing about colon cancer screening in the media..... | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Work wellness program..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other (Specify: _____)..... | <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
a. Eating foods high in fat increases your risk of developing colon cancer.	<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"/>
c. Men get colon cancer more often than women.	<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"/>
e. Blood in your stool means you have cancer for sure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A diet with a lot of fiber, like fruits, vegetables, and grains, may reduce your chances of getting colon cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If you have colon cancer, you would have symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION F: Your Opinions About Colon Cancer Screening

F1. Discussing colon cancer screening with my provider:

	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, the 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"/>

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 OPINION 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"/>
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 something I am sure I can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. is not necessary at my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 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"/>
l. is a test I like being 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. is not needed if I've had it once before.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. 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"/>
o. 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"/>
p. 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"/>
q. 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"/>
r. would make me worry about the results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. is unnecessary if I have a Flex Sig or a Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHETHER OR NOT YOU HAVE HAD A COLONOSCOPY, YOUR OPINIONS ARE IMPORTANT TO US.

PLEASE CHECK (✓) 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	<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"/>
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. is something I am sure I can do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. would protect my health so I can take better care of family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. 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"/>
l. 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"/>
m. is not necessary at my age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. would be embarrassing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. would be scary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. would be uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. 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"/>
r. 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"/>
s. 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"/>
t. would make me worry about the results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u. is hard because I would have to go to another clinic for the test	<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.

	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 provider tells me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would do the Flex Sig screening if my provider tells me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I would do the Colonoscopy screening if my provider tells me to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My provider always talks about screening for colon cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. My provider always talks about FOBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. My provider always talks about Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION G: Social Support

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

G1. Discussing colorectal cancer screening with my provider 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 provider or nurse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. the 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 provider or nurse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. the media (TV, radio, magazines)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. 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 provider or nurse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. the 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 provider at my next primary care visit.	<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 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 Flex Sig 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 have a Colonoscopy 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"/>

Please let us know if you have any additional comments:

THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY

**Please place it in the enclosed stamped envelope,
along with your signed HIPAA authorization form [ABQ HP/Lovelace only],
and drop it in the mail for us!**