

Clinic Support Staff Post-Intervention Survey

**Clinical Care and Health Survey: Colorectal Cancer Screening  
Clinical Support Staff Opinion and Practice Questionnaire**

*Clinical Support Staff  
Colorectal Cancer Screening Survey*

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

*[Logos]*

*[Burden statement]*

MCO Research Arm Name and Battelle are inviting you to participate in this study of clinical support staff at MCO. The *Centers for Disease Control and Prevention* (CDC) is collaborating with Battelle and MCO Research Arm Name, to study ways to improve colorectal cancer screening in primary care.

~~We know that~~ Clinical support staff are involved in many different ways in patient care and preventive service provision, including colorectal cancer screening with patients over age 50. We are interested in **your** training, clinical responsibilities, and opinions about screening for colorectal cancer. We are also interested in the institutional systems you use to facilitate routine screening.

~~Your answers are private. Collected survey data will only be reported in aggregate. We appreciate your taking the time to complete this survey. This questionnaire asks questions about your demographic and practice characteristics. It also includes sections that ask about your clinical practices and opinions regarding colorectal cancer screening.~~

~~Your participation in this study is voluntary. You may refuse to answer any or all questions on the survey. You will be contacted one more time in the future so we may learn more about your training, clinical responsibilities and opinions about colorectal cancer screening.~~

~~We appreciate your help in improving patient care at MCO Name.~~

*All clinical support staff in your clinic as well as in several other clinics at [MCO] are being asked to complete this survey. You are being paid \$25 to compensate you for your time and effort. The survey was designed with input from Medical Assistants and Clinical Service Representatives like you. Who reviewed this questionnaire. People who reviewed this— They estimated that it took between 15 and 30 minutes approximately 20 minutes to complete.*

- *Your answers are strictly private.*
- *Please do not put your name on the survey.*
- *Answers from other staff like you will be combined into one final summary.*
- *Some questions are personal, but those questions provide important information for this study.*
- *It is your choices to skip any questions that you do not want to answer*
- *Management at (MCO name) 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.*

**Thank you!**

**SUPPORT STAFF QUESTIONNAIRE**

***Part I: Tell us about you!***

THIS FIRST SECTION ASKS A FEW QUESTIONS ABOUT YOUR PERSONAL BACKGROUND, YOUR TRAINING, AND YOUR CLINIC.

1. What is your age? \_\_\_\_\_
2. What is your gender?  
 Male  Female
3. What is your title or position? \_\_\_\_\_ (PLEASE SPECIFY)
4. On average, how many hours per week **total** do you work at **your clinic**?  
Average number of hours \_\_\_\_\_
5. How many physicians, physicians' assistants or nurse practitioners do you provide support to? \_\_\_\_\_ Physicians \_\_\_\_\_ Nurse Practitioners \_\_\_\_\_ Physicians' Assistants
6. ~~Approximately~~ how many patients are seen in the clinic in a typical week?—  
\_\_\_\_\_
7. ~~Approximately~~ how many of these patients are seen for health maintenance exams in a typical week? \_\_\_\_\_
8. How many other medical assistants work in your clinic? \_\_\_\_\_
9. How many nurses work in your clinic? \_\_\_\_\_
10. 6. How long have you worked at HMO name? \_\_\_\_\_ Years \_\_\_\_\_ Months
11. 7. How long have you worked at this clinic? \_\_\_\_\_ Years \_\_\_\_\_ Months

**For the next question, your best guess is all we need. You don't need to look at charts or records to answer this question!**

12. On average, **approximately** what *percent* of the patients who come to your clinic are 50-years of age or older? \_\_\_\_\_ %

~~Health Maintenance Exam~~ Routine Non-acute Care Visit Responsibilities

1. Which of the following activities are you responsible for when a patient, aged 50 or older, comes in for a ~~health maintenance exam~~ non-acute care visit?

ACTIVITY	Never	Sometimes	Half the Time	Usually	Always
a. Schedule <del>health maintenance exam</del> non-acute care visit appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Schedule lab visits if blood work is required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Schedule follow-up or referral appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pull patient charts and review them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Let physician know for what screening tests patients are due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Flag charts with required screening tests or discussion topics to be covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Have patient fill out an intake health questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Discuss initial questions or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Take vital signs (height, weight, blood pressure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Answer patient questions after the physician's exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Distribute tests or materials to patients after the exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Track lab results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Track whether patients did follow-up tests or treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other? (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II: Preventive Services Opinions**

1. **How worthwhile** do you consider each of the following preventive services for asymptomatic patients, age 50 and over, during ~~health maintenance exams~~ non-acute care visits? (CHECK ONE BOX FOR EACH TEST)

Test and interval	Not at all worthwhile	Slightly worthwhile	Somewhat worthwhile	Quite worthwhile	Very worthwhile
a. Pap smear (every 3 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mammogram (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Digital rectal exam with hemoccult (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fecal occult blood test (FOBT, hemoccult, or stool cards) (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Flexible sigmoidoscopy (every 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- years)
- f. Colonoscopy (~~every 10 years~~)
  - g. Cholesterol test (~~annual~~)
  - h. Prostate specific antigen (~~annual~~)
  - i. Digital rectal exam to check prostate (~~annual~~)

2. **How often do you ask about** the following issues with patients age 50 and over when they come in for a ~~health maintenance exam~~ *non-acute care visit*? (CHECK ONE BOX FOR EACH TEST). **IF THE DOCTOR ALWAYS TALKS TO PATIENTS ABOUT THAT ISSUE, CHECK N/A.**

Issues Discussed	Never	Sometimes	Half the Time	Usually	Always	N/A
a. Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Exercise or physical activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Dietary practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Breast cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Prostate cancer screening (for men)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Cervical cancer screening (for women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Colorectal cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fecal occult blood test (FOBT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. **How often do patients** (age 50 and over) **bring up** the following issues during a ~~health maintenance exam~~ *non-acute care visit*? (CHECK ONE BOX FOR EACH ISSUE)

Issues brought up	Never	Sometimes	Half the Time	Usually	Always
a. Cholesterol or heart disease risk and screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. High blood pressure risk and screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Diabetes risk and screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- d. Breast cancer risk and screening (for women)
- e. Cervical cancer risk and screening (for women)
- f. Prostate cancer screening (for men)
- g. Colorectal cancer screening

THE REMAINDER OF THIS SURVEY IS ABOUT **COLORECTAL CANCER SCREENING**. WE ARE INTERESTED IN YOUR OPINIONS AND PRACTICES ABOUT SCREENING **PATIENTS AGE 50 AND OVER** WHO ARE **ASYMPTOMATIC** AND ARE COMING TO YOUR CLINIC FOR A **HEALTH MAINTENANCE-EXAM NON-ACUTE CARE VISIT**.

WHEN WE SAY **FOBT** WE MEAN THE FECAL OCCULT BLOOD TEST HOME KIT (HEMMOCCULT, STOOL, OR GUIAC CARDS) THAT PATIENTS TAKE HOME AND COMPLETE.

**Part III: Colorectal Cancer Screening: Your Training and Experience**

1. ~~In the past year, have you received specific training on how to discuss colorectal cancer screening with patients who visit your clinic?~~  
 ~~Yes  No~~

2. ~~Among the **last 10 patients** aged 50 and older who came to your office for a health maintenance exam, for **approximately** how many did you:~~

~~PLEASE WRITE "0" IF YOU DID NOT GIVE THE TEST TO ANY OF THE 10 PATIENTS.~~

- ~~\_\_\_\_\_ Distribute Fecal occult blood test (FOBT) kits \_\_\_\_\_~~
- ~~\_\_\_\_\_ Assist with scheduling a Flexible sigmoidoscopy \_\_\_\_\_~~
- ~~\_\_\_\_\_ Assist with scheduling a Colonoscopy \_\_\_\_\_~~

3. ~~AT YOUR CLINIC, WHO IS RESPONSIBLE FOR:~~

	<b>Doctor</b>	<b>Nurse</b>	<b>Medical Assistant</b>	<b>Patient</b>
a. <del>Handing out the FOBT cards?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. <del>Patient instructions for the FOBT cards?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. <del>Tracking the return of the lab results from the FOBT cards?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. <del>Reporting negative lab results from the FOBT cards to the patient?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. <del>Reporting positive lab results from the FOBT cards to the patient?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. <del>Making screening Flexible Sigmoidoscopy appointments?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <del>Patient instructions for the Flexible Sigmoidoscopy?</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- ~~h. Tracking the screening Flexible Sigmoidoscopy appointments?~~
- ~~i. Tracking the results from the screening Flexible Sigmoidoscopy appointments?~~
- ~~j. Discussing results of the screening Flexible Sigmoidoscopy with the patient?~~
- ~~k. Making screening Colonoscopy appointments?~~
- ~~l. Patient instructions for the Colonoscopy?~~
- ~~m. Tracking the screening Colonoscopy appointments?~~
- ~~n. Tracking the results from the screening Colonoscopy appointments?~~
- ~~o. Discussing results of the screening Colonoscopy with the patient?~~

*THE QUESTIONS IN THIS SECTION ASK ABOUT YOUR PERSONAL TRAINING AND EXPERIENCES RELATED TO COLORECTAL CANCER SCREENING.*

1. *In the past year did you attend any training offered at your clinic on how to improve the rate of colon cancer screening?*
  - Yes, I attended the first meeting*
  - Yes, I attended the second meeting*
  - Yes, I attended both meetings*
  - No, I didn't attend any meetings at my clinic on this topic*

2. *In the past year, have you received specific training on any of the following topics?*

	<u>Yes</u>	<u>No</u>
<i>a. Current colorectal cancer (CRC) screening guidelines</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>b. Colorectal cancer screening rates at ABQ/Health Partners</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>c. Colorectal cancer screening rates at my clinic</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>d. How to discuss colorectal cancer screening options with your patients</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>e. The difference between motivation and persuasion when discussing colorectal cancer screening with your patients</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>f. How to modify clinic processes to increase the rate and efficiency of colorectal cancer screening</i>	<input type="checkbox"/>	<input type="checkbox"/>

3. Continuing Medical Education Regarding CRC Screening:

I did not attend any CME/CE about colorectal cancer screening in the past year

IF CHECKED (✓) PLEASE SKIP TO NEXT SECTION

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. The CME/CE prepared me to use motivational interviewing techniques to encourage patients to get CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The CME/CE prepared me to use open-ended questions with patients to hear their CRC screening issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The CME/CE prepared me to use reflective listening with patients to hear their CRC screening issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think clinicians in the clinic are using the techniques we learned to motivate patients to get their CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I think other clinic support staff are using the techniques we learned to motivate patients to get their CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Among the **last 10 patients** aged 50 and older who came to your office for a routine non-acute care visit, for **approximately** how many did you:

PLEASE WRITE "0" IF YOU DID NOT GIVE THE TEST TO ANY OF THE 10 PATIENTS.

- Distribute Fecal occult blood test (FOBT) kits \_\_\_\_\_
- Go over FOBT instructions with patients \_\_\_\_\_
- Assist with scheduling a Flexible sigmoidoscopy \_\_\_\_\_
- Assist with scheduling a Colonoscopy \_\_\_\_\_

5. AT YOUR CLINIC, WHO IS RESPONSIBLE FOR:

	<b>Doctor</b>	<b>Nurse</b>	<b>Medical Assistant</b>	<b>Patient</b>
a. Handing out the FOBT cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Providing patient instructions for the FOBT cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Tracking the return of the lab results from the FOBT cards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Reporting negative lab results from the FOBT cards to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Reporting positive lab results from the FOBT cards to the patient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Making screening Colonoscopy appointments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Providing patient instructions for the Colonoscopy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



- h. Tracking the screening Colonoscopy appointments?
- i. Tracking the results from the screening Colonoscopy appointments?
- j. Discussing results of the screening Colonoscopy with the patient?

**Part IV. Colorectal Cancer Screening Information and Resources**

FOR EACH STATEMENT BELOW, PLEASE CHECK (✓) THE BOX THAT BEST REPRESENTS YOUR OPINION.

**1. Information and Resources:**

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. I have the latest information about colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have the latest information about colorectal cancer screening guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have the skills I need to address colorectal cancer screening with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel prepared to answer patient questions about colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel prepared to discuss CRC screening with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have had trouble keeping up with flagging charts for physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. My clinic has seen an increased volume of phone calls about colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Colorectal cancer screening distracts me from my other duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I feel confident that I can increase patients' motivation to screen for colorectal cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Patients feel comfortable asking me questions about CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I can understand and address patients' barriers to colorectal cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. CRC Screening Materials:**

The materials that we currently use in our practice:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. are helpful tools for our clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. are easy for patients to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. have been well received by patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. helped me gain new skills for talking about colorectal cancer screening with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. helped me feel more able to answer patient questions about colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part V: Colorectal Cancer Screening Practices**

ANSWER THE QUESTIONS IN THIS SECTION THINKING ABOUT PATIENTS AGE 50 YEARS AND OVER WHO ARE ASYMPTOMATIC, AND ARE COMING TO YOUR CLINIC FOR A ~~HEALTH MAINTENANCE EXAM~~ ROUTINE NON-ACUTE CARE VISIT.

For each statement below, please check how often you take each of the following actions when patients come to the clinic for ~~health maintenance exams~~ routine non-acute care visits..

	Never	Sometimes	Half the time	Usually	Always
a. Remind the physician which screening tests the patient is due for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Print out a computer summary for each patient and including it in the chart before the visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Distribute a questionnaire or intake form that includes questions about colorectal cancer screening and risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use motivational interviewing techniques with patients about colon cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ask patients open-ended questions about their perceptions of colon cancer and screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Reflect back to each patient his/her own reasons for being screened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Distribute FOBT kits to patients over age 50.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Distribute FOBT kits when the physician asks you to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Help patients schedule appointments for screening colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Explain to patients how to complete the FOBT kit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Explain the preparation for Colonoscopy and what they can expect during the test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Answering patients' questions about the FOBT kit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Answer patients' questions about Colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Other (Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part VI: Opinions about CRC Screening**

FOR EACH STATEMENT BELOW, PLEASE CHECK (✓) the box that best represents your opinion.

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. <b>Discussing colorectal cancer screening</b> with patients aged 50 and older <del>would</del> :					
a. takes too much of my time and effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <del>be</del> is a higher priority with male patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <del>be</del> is a low priority in the average <del>health maintenance exam routine non-acute care visit</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. reassures patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. gives me an opportunity to provide reliable information and educate patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <del>be</del> is a topic that patients do not want to talk about	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. causes patients to feel uncomfortable or embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <del>be</del> is something that I feel prepared to discuss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <del>be</del> is something that the doctor should cover with the patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. distracts from other patient needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Distributing screening <b>fecal occult blood tests (FOBT)</b> to <i>asymptomatic</i> patients aged 50 and older is:					
a. is a practice standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is easy to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. is a low risk test for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. is difficult due to cultural or language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. is an opportunity for education about CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. is a method to increase patient's role in own health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. is cost effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. is difficult due to time constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. is something I feel prepared to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. is something the doctor should do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. <del>other, (SPECIFY)</del> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| k. <i>is convenient for patients</i>                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. <i>is effective in finding CRC at an early stage</i>             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. <i>is a worry the patients because of false positive results</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. <i>is effective in decreasing mortality</i>                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. <i>results in patients doing it wrong</i>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. <i>results in patients not returning cards</i>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. <i>is distasteful for patients</i>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. <i>is difficult for patients</i>                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. <i>produces inaccurate results</i>                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |                                   |                          |                          |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| <p>3. Having patients aged 50 and older complete screening <b>fecal occult blood test (FOBT)</b> kits at home would:</p> <p>a. be convenient for patients</p> <p>b. be a way to find CRC at an early stage</p> <p>c. be effective in decreasing mortality</p> <p>d. result in patients doing it wrong</p> <p>e. result in patients not returning cards</p> <p>f. be distasteful for patients</p> <p>g. be difficult for patients</p> <p>h. worry the patients because of false positive results</p> <p>i. produce inaccurate results</p> <p>j. other, (SPECIFY) _____</p> | <b>Strongly Disagree</b> | <b>Disagree</b>          | <b>Neither Agree nor Disagree</b> | <b>Agree</b>             | <b>Strongly Agree</b>    |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

- |   |                          |                          |                                   |                          |                          |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| <p>4. Having patients aged 50 and older complete screening <b>flexible sigmoidoscopy</b> would:</p> <p>a. find colorectal cancer at early stage</p> <p>b. be cost-effective</p> <p>c. reassure patients</p> <p>d. take too much of my time and effort to answer patient questions</p> <p>e. take too much time for patients</p> <p>f. miss a large part of the colon</p> <p>g. be effective in decreasing mortality</p> | <b>Strongly Disagree</b> | <b>Disagree</b>          | <b>Neither Agree nor Disagree</b> | <b>Agree</b>             | <b>Strongly Agree</b>    |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
|   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <del>h.</del> be difficult/unpleasant for patients to prepare for  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>i.</del> be inconvenient for patients                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>j.</del> expose patients to significant risk of complications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>k.</del> be something that patients would refuse to do        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>l.</del> be something that I feel prepared to discuss         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>m.</del> result in a long wait time for an appointment        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <del>n.</del> other, (SPECIFY) _____                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Having Encouraging asymptomatic patients aged 50 and older complete **screening colonoscopy** would:

- |  | <b>Strongly Disagree</b> | <b>Disagree</b>          | <b>Neither Agree nor Disagree</b> | <b>Agree</b>             | <b>Strongly Agree</b>    |
|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. <del>be</del> is appropriate only for high-risk patients          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| b. <del>be</del> is appropriate only as follow-up to other tests     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| c. <del>is</del> easy to do  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| d. <del>would</del> find colorectal cancer at an early stage         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. reassures patients  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| f. <del>be</del> is preferred by most patients                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| g. <del>be</del> is the best test we can provide                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| h. <del>allows a view of</del> the entire colon                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| i. <del>be</del> is effective in decreasing mortality                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| j. takes too much time for patients                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| k. <del>be</del> is difficult/unpleasant for patients to prepare for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| l. <del>be</del> is inconvenient for patients                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| m. exposes patients to significant risk of complications             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| n. <del>be</del> is expensive for the patient                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| o. <del>be</del> is cost-effective                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |
| p. takes too much of my time and effort to talk about                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>          | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| q. <del>be</del> is something that patients would refuse to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. <del>be</del> is something that I feel prepared to discuss  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. results in a long wait time for an appointment              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. <del>other</del> , (SPECIFY) _____                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VII. Facilitators and Barriers to CRC Screening**

WE ARE INTERESTED IN HOW VARIOUS FACTORS AFFECT THE DIFFICULTY OR EASE OF COLORECTAL CANCER SCREENING.

1. Do you use any of the following methods to remind the doctor or patients when the patient is due to be screened for colorectal cancer? (CHECK THE APPROPRIATE RESPONSE FOR EACH ITEM)

	Yes	No
a. Flow charts, "tickler files," or prompts to remind <del>the doctor me and or my staff</del> if patients are due for a CRC screening <del>via an FOBT</del>	<input type="checkbox"/>	<input type="checkbox"/>
b. <del>Flow charts, "tickler files," or prompts to remind the doctor if patients are due for a CRC screening via a flexible sigmoidoscopy</del>	<input type="checkbox"/>	<input type="checkbox"/>
c. <del>Flow charts, "tickler files," or prompts to remind the doctor if patients are due for a CRC screening via a colonoscopy</del>	<input type="checkbox"/>	<input type="checkbox"/>
b. Computerized printouts of patients' status on screening tests	<input type="checkbox"/>	<input type="checkbox"/>
c. Reminder phone calls to patients	<input type="checkbox"/>	<input type="checkbox"/>
d. Reminder cards by mail to patients	<input type="checkbox"/>	<input type="checkbox"/>
e. Materials (e.g., handouts) or programs to educate patients	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (PLEASE SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. **On average**, how long ~~does it~~ do you think it takes for an asypmtomatic, average risk patient, aged 50 years or older, in your health care system to *get a Colonoscopy appointment*?:

\_\_\_\_\_ days

Get lab results to an Fecal occult blood test (FOBT)

\_\_\_\_\_

\_\_\_\_\_ Get a Flexible sigmoidoscopy appointment

\_\_\_\_\_

\_\_\_\_\_ Get a Colonoscopy appointment

\_\_\_\_\_

\_\_\_\_\_ Get a Double contrast barium enema appointment

\_\_\_\_\_

3. How adequate do you find each of the following at your facility to support CRC screening? Using the scales below, please mark your opinion.

	Not available	Not at all adequate				Very adequate
a. A summary record of the patient's screening tests (e.g., stable events summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A computer-generated prompt or flag to remind you when a patient is due for a screening test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A medical assistant generated prompt or flag to remind <del>the doctor</del> you when a patient is due for a screening test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <del>Tracking system to follow-up patients after referral to a flexible sigmoidoscopy appointment</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Tracking system to follow-up patients after referral to a colonoscopy appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A patient reminder or recall system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Materials (e.g., handouts) to educate patients about CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Materials about CRC screening in languages other than English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <del>A convenient ordering, appointment, or referral system for flexible sigmoidoscopy</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <del>A convenient ordering, appointment, or referral system for colonoscopy</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Staff trained to do patient education about FOBT (hemoccult) cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Availability of FOBT kits (Hemoccult cards)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <i>Staff/system to remind patients to return FOBT cards</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. A convenient ordering, appointment, or referral system for colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Staff to make patient appointments for colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Reminder system for patient appointments for colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Staff trained to do patient education about colonoscopy preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Facilities to perform colonoscopy in your health system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Availability of <i>timely appointments</i> for colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**Part VIII. Support for CRC Screening**

1. Conducting colorectal cancer screening with asymptomatic patients over 50 years of age who come to the clinic for a general ~~health maintenance exam~~ *general routine non-acute care visit* is something that:

	<b>Strongly Encourage</b>	<b>Encourage</b>	<b>Neither Encourage nor Discourage</b>	<b>Discourage</b>	<b>Strongly Discourage</b>
a. Patients generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The doctor I work with generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Doctors in my clinic generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Governmental health organizations (e.g., CDC, NIH, Public Health Departments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <del>Voluntary and non-profit health organizations (e.g., ACS)</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. US Preventive Services Task Force and other independent working groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>g. Health insurance policies</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>h. Medicare coverage policies</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>i. The popular media (TV, radio, magazines)</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<del>j. My MCO policies</del>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MOVED TO SECTION IV

**Part VIII. Satisfaction with CRC Training, Materials and Reminders**

FOR EACH STATEMENT BELOW, PLEASE CHECK (✓) THE BOX THAT BEST REPRESENTS YOUR OPINION:

**1. Information, Training and Reminders:**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither</b>	<b>Agree</b>	<b>Strongly Agree</b>
a. I have adequate information about colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have the latest information about colorectal cancer screening guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have the skills I need to address colorectal cancer screening with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel prepared to answer patient questions about colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have had trouble keeping up with flagging charts for physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My clinic has seen an increased volume of consulting nurse phone calls about colorectal cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Colorectal cancer screening distracts me from my other duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. CRC Screening Materials:**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither</b>	<b>Agree</b>	<b>Strongly Agree</b>
—The materials that we currently use in our practice:					
a. Are helpful tools for our clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are easy for patients to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have been well received by patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Helped me gain new skills for talking about colorectal cancer screening with patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helped me feel more able to answer patient questions about colorectal cancer screening.	<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:**

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**THANK YOU VERY MUCH FOR COMPLETING YOUR SURVEY**

**PLEASE PLACE IT IN THE ENCLOSED, STAMPED,  
ENVELOPE AND DROP IT IN THE MAIL FOR US!**

**~~THE END~~**