

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

MCO Research Arm Name and Battelle are inviting you to participate in this study of clinical support staff at MCO Name. The 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. The survey was designed with input from Medical Assistants and Clinical Service Representatives like you.

Your participation in this study is voluntary. You may refuse to answer any or all questions on the survey. You are being paid \$25 to compensate you for your time and effort. 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.

People who reviewed this survey estimated that it took between 15 and 30 minutes to complete.

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

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. How long have you worked at HMO name? _____ Years _____ Months
11. 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 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?

| ACTIVITY | Half the | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Never | Sometimes | Time | Usually | Always |
| a. Schedule health maintenance exam 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. 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"/> |
| f. Have patient fill out an intake health questionnaire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Discuss initial questions or concerns | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Take vital signs (height, weight, blood pressure) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Answer patient questions after the physician's exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Distribute tests or materials to patients after the exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Track lab results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Track whether patients did follow-up tests or treatment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. 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? (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 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Colonoscopy (every 10 years) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Cholesterol test (annual) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 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? (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? (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) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Cervical cancer risk and screening (for women) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 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**.

WHEN WE SAY **FOBT** WE MEAN THE FECAL OCCULT BLOOD TEST HOME KIT (HEMMOCULT, 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:

| | Doctor | Nurse | Medical Assistant | Patient |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Handing out the FOBT cards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. 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 Flexible Sigmoidoscopy appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Patient instructions for the Flexible Sigmoidoscopy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| h. Tracking the screening Flexible Sigmoidoscopy appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Tracking the results from the screening Flexible Sigmoidoscopy appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

- | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| j. Discussing results of the screening Flexible Sigmoidoscopy with the patient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| k. Making screening Colonoscopy appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Patient instructions for the Colonoscopy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| m. Tracking the screening Colonoscopy appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. Tracking the results from the screening Colonoscopy appointments? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| o. Discussing results of the screening Colonoscopy with the patient? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Part IV: 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.

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.

| | Never | Sometimes | Half the time | Usually | Always |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Reminding 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. Printing 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. Distributing 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. Distributing FOBT kits to patients over age 50. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Distributing FOBT kits when the physician asks you to. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Helping patients schedule appointments for screening flexible sigmoidoscopy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Helping patients schedule appointments for screening colonoscopy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Explaining to patients how to complete the FOBT kit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Explaining the preparation for Flexible sigmoidoscopy or Colonoscopy and what they can expect during the test. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. Answering patients' questions about the FOBT kit. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. Answering patients' questions about Flexible Sigmoidoscopy and Colonoscopy. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. Other, (SPECIFY)._____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part V: Opinions about CRC Screening

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

| 1. Discussing colorectal cancer screening with patients aged 50 and older would: | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. take too much of my time and effort | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. be higher priority with male patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. be low priority in the average health maintenance exam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. reassure patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. give 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. be 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. cause patients to feel uncomfortable or embarrassed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. be something that I feel prepared to discuss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. be 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. distract from other patient needs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| 2. Distributing screening fecal occult blood tests (FOBT) to patients aged 50 and older is: | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|
| a. a practice standard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. easy to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a low risk test for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. difficult due to cultural or language barriers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. an opportunity for education about CRC screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. 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. cost effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. difficult due to time constraints | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. something I feel prepared to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. something the doctor should do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. other, (SPECIFY)_____ | <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 |
|---|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| 3. Having patients aged 50 and older complete screening fecal occult blood test (FOBT) kits at home would: | | | | | |
| a. be convenient for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. be a way to find CRC at an early stage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. be effective in decreasing mortality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. result in patients doing it wrong | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. result in patients not returning cards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. be distasteful for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. be difficult for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. worry the patients because of false positive results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. produce inaccurate results | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. other, (SPECIFY)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Having patients aged 50 and older complete screening flexible sigmoidoscopy would: | | | | | |
| a. find colorectal cancer at early stage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. be cost-effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. reassure patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. take too much of my time and effort to answer patient questions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. take too much time for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. miss a large part of the colon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. be effective in decreasing mortality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. be difficult/unpleasant for patients to prepare for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. be inconvenient for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. expose patients to significant risk of complications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. be something that patients would refuse to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. be something that I feel prepared to discuss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. result in a long wait time for an appointment | <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"/> |

| 5. Having patients aged 50 and older complete screening colonoscopy would: | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|--|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| a. be appropriate only for high-risk patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. be appropriate only as follow-up to other tests | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. find colorectal cancer at an early stage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. reassure patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. be preferred by most patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. be the best test we can provide | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. view the entire colon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. be effective in decreasing mortality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. take too much time for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. be difficult/unpleasant for patients to prepare for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. be inconvenient for patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l. expose patients to significant risk of complications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. be expensive for the patient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n. be cost-effective | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o. take 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"/> |
| p. be something that patients would refuse to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. be something that I feel prepared to discuss | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. result in a long wait time for an appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. other, (SPECIFY)_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part VI. 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 the doctor if patients are due for a CRC screening via an FOBT | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Flow charts, "tickler files," or prompts to remind the doctor if patients are due for a CRC screening via a flexible sigmoidoscopy | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Flow charts, "tickler files," or prompts to remind the doctor if patients are due for a CRC screening via a colonoscopy | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Computerized printouts of patients' status on screening tests | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Reminder phone calls to patient | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Reminder cards by mail to patient | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Materials (e.g., handouts) or programs to educate patients | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other (PLEASE SPECIFY) _____ | <input type="checkbox"/> | <input type="checkbox"/> |

2. **On average**, how long does it take for an asymptomatic, average risk patient, aged 50 years or older, in your health care system to:

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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Not available | Not at all adequate | | | | Very adequate |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| to remind the doctor when a patient is due for a screening test | | | | | | |
| d. Tracking system to follow-up patients after referral to a flexible sigmoidoscopy appointment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. 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"/> |
| f. A patient reminder or recall system | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. 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"/> |
| h. 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. A convenient ordering, appointment, or referral system for flexible sigmoidoscopy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. 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"/> |
| k. 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"/> |
| l. Staff to make patient appointments for flexible sigmoidoscopy and 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 flexible sigmoidoscopy and 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 flexible sigmoidoscopy and 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 FOBT kits (Hemoccult cards) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q. Availability of timely flexible sigmoidoscopy appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r. Availability of timely colonoscopy appointments | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part VII. 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 is something that:

| | Strongly Encourage | Encourage | Neither Encourage nor Discourage | Discourage | Strongly Discourage |
|--|-------------------------------|--------------------------|---|--------------------------|--------------------------------|
| 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. Voluntary and non-profit health organizations (e.g., ACS) | <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"/> |
| g. Health insurance policies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Medicare coverage policies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. The popular media (TV, radio, magazines) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. My MCO policies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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:

| | Strongly Disagree | Disagree | Neither | Agree | Strongly Agree |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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:

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"/> |

THE END

THANK YOU VERY MUCH FOR COMPLETING YOUR SURVEY

Please place it in the enclosed, stamped, envelope and drop it in the mail for us!