

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

MCO Research Arm Name and Battelle are inviting you to participate in this study of clinicians 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 primary care clinicians use a variety of approaches to discuss colorectal cancer screening with patients over age 50. We are interested in **your** training, practice approaches, 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 practicing primary care clinicians 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 \$50 to compensate you for your time and effort. You will be contacted one more time in the future so that we may learn more about your training, practice approaches, and opinions about screening for colorectal cancer.

Clinicians who reviewed this questionnaire estimated that it took between 15 and 45 minutes to complete.

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

## CLINICIAN QUESTIONNAIRE

### *Part I: Clinician Characteristics*

THIS FIRST SECTION ASKS A FEW QUESTIONS ABOUT YOUR PERSONAL BACKGROUND AND YOUR CURRENT PRACTICE.

1. What is your age? \_\_\_\_\_
2. What is your sex?  
 Male  Female
3. What is your primary specialty? \_\_\_\_\_ (PLEASE SPECIFY)
4. What is your secondary specialty? \_\_\_\_\_ (PLEASE SPECIFY)  
 No secondary specialty
5. Since completing your training, how long have you been practicing? \_\_\_\_\_ Years
6. How long have you practiced at \_\_\_\_\_ (name of study clinic site) \_\_\_\_\_?  
\_\_\_\_\_ Years \_\_\_\_\_ Months

Note: "Your clinic" = (fill with study clinic name)

Please complete remainder of survey with respect to your practice at (study clinic name)

7. On average, how many hours per week **total** do you spend in direct patient care in **your clinic**?  
Average number of hours \_\_\_\_\_
8. **Approximately**, how many patients are in your panel? \_\_\_\_\_
9. On average, how many patients do you see in a typical week in your clinic?  
\_\_\_\_\_
10. On average, **approximately** how many patients do you see in a typical week for health maintenance visits/exams in your clinic? \_\_\_\_\_
11. On average, **approximately** what *percent* of the patients you see in **your clinic** are 50 years of age or older? \_\_\_\_\_ %

**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 or hemoccult) (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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Digital rectal exam to check prostate (annual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. **How often do you discuss** the following issues with patients age 50 and over during a health maintenance exam? (CHECK ONE BOX FOR EACH TEST)

Issues Discussed	Never	Sometimes	Half the Time	Usually	Always
a. Smoking	<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"/>
c. Exercise or physical activity	<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"/>
e. Stress	<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"/>
g. Breast cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Cervical cancer screening with Pap test (for women)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| i. Prostate cancer screening (for men) | <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"/> |
| i. Fecal occult blood test             | <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"/> |
| iii. Colonoscopy                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. Barium enema                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. **How often do your 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Colorectal cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE REMAINDER OF THIS SURVEY IS ABOUT **COLORECTAL CANCER SCREENING**. WE ARE INTERESTED IN YOUR OPINIONS AND PRACTICES ABOUT SCREENING YOUR **PATIENTS AGE 50 AND OVER** WHO ARE **ASYMPTOMATIC** AND ARE PRESENTING FOR A **HEALTH MAINTENANCE EXAM**.

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

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

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

	Yes	No
a. How to discuss colorectal cancer screening options with your patients	<input type="checkbox"/>	<input type="checkbox"/>
b. Provision of fecal occult blood test (FOBT) (home test kit) to patients	<input type="checkbox"/>	<input type="checkbox"/>

- c. Recommending Flexible Sigmoidoscopy to patients
- d. Recommending Colonoscopy to patients
- e. Recommending Double contrast barium enema to patients

2. In the past year, approximately how many new cases of adenomas or polyps have you detected or diagnosed among your asymptomatic patients, using each of the following screening tests?

<b>Test</b>	<b>Number of Asymptomatic Cases</b>
Fecal occult blood test (FOBT) (Hemoccult cards) (home test kit)	
Flexible sigmoidoscopy	
Colonoscopy	
Double contrast barium enema	
Other, specify _____	

3. In the past year, approximately how many new cases of colorectal cancer (including early stages) have you detected or diagnosed among your asymptomatic patients, using each of the following screening tests?

<b>Test</b>	<b>Number of Asymptomatic Cases</b>
Fecal occult blood test (FOBT) (Hemoccult cards) (home test kit)	
Flexible sigmoidoscopy	
Colonoscopy	
Double contrast barium enema	
Other, specify _____	

**Part IV: Colorectal Cancer Screening Practices**

ANSWER THE QUESTIONS IN THIS SECTION THINKING ABOUT YOUR PATIENTS AGE 50 YEARS AND OVER WHO ARE ASYMPTOMATIC, AND ARE PRESENTING FOR A HEALTH MAINTENANCE EXAM.

1. For each statement below, please check how often you take each of the following actions when you see patients for health maintenance exams.

	Never	Sometimes	Half the time	Usually	Always
a. I discuss colorectal cancer when patients present with symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I discuss colorectal cancer (CRC) screening when patients present with questions or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I discuss CRC screening with patients who report risk factors in a medical history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have brochures available for all patients on CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I discuss CRC screening with all age-appropriate patients and:					
i. let them decide which screening method to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. recommend a specific test they should have	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. we come to a joint decision as to which screening method to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I discuss CRC screening when patients come in for acute care visits if there is time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other, (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE QUESTIONS THAT FOLLOW, WE ASK YOU ABOUT THE **RECOMMENDATIONS YOU MAKE TO YOUR PATIENTS**. EVEN IF YOUR STRATEGY IS TO ENCOURAGE PATIENTS TO SHARE IN DECISION-MAKING, ANSWER THE QUESTIONS IN TERMS OF WHAT YOU WOULD TELL PATIENTS IF THEY ASKED YOU DIRECTLY WHAT YOU RECOMMEND.

2. Which test or test combination do you **most often** recommend to your asymptomatic, average-risk patients age 50 and over, as a colorectal cancer screening strategy? (CHECK ONE BOX)

- I do not recommend routine colorectal cancer screening at this time
- Digital rectal exam alone
- Digital rectal exam and in-office hemoccult
- Fecal occult blood (hemoccult) test alone (patient home kit)
- Flexible sigmoidoscopy alone
- Colonoscopy alone
- Double contrast barium enema alone
- Either fecal occult blood test **or** flexible sigmoidoscopy
- Both fecal occult blood test **and** flexible sigmoidoscopy
- Both fecal occult blood test **and** colonoscopy
- Other (DESCRIBE) \_\_\_\_\_

3. Please complete the table below based on your recommendations for colorectal cancer screening to **asymptomatic average-risk** patients, aged 50 and over. If you do not recommend a particular test for screening purposes, check the appropriate box in the first column. To complete the recommended frequency column, please answer in terms of patients ages 50 and over who do not have any abnormal findings on previous tests.

	I do not recommend	Recommended starting age	Recommended frequency of testing	Is there an age at which you no longer recommend testing?	If yes, what age?
a. Digital rectal exam without hemocult	<input type="checkbox"/>	_____yrs →	Every _____yrs →	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____y rs
b. Digital rectal exam in conjunction with hemocult	<input type="checkbox"/>	_____yrs →	Every _____yrs →	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____y rs
c. Fecal occult blood test (FOBT) (Home kit)	<input type="checkbox"/>	_____yrs →	Every _____yrs →	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____y rs
d. Flexible sigmoidoscopy	<input type="checkbox"/>	_____yrs →	Every _____yrs →	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____y rs
e. Colonoscopy	<input type="checkbox"/>	_____yrs →	Every _____yrs →	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____y rs
f. Double contrast barium enema	<input type="checkbox"/>	_____yrs →	Every _____yrs →	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____y rs

4. For the last 10 patients aged 50 and older whom you saw for a health maintenance exam and were **asymptomatic**, please **estimate** how many of each of the following tests you performed or ordered for colorectal cancer screening?

PLEASE WRITE "0" IF YOU DID NOT ORDER THE TEST FOR ANY OF THESE 10 PATIENTS.

Digital rectal exam with hemocult \_\_\_\_\_

Fecal occult blood test (FOBT) \_\_\_\_\_

Flexible sigmoidoscopy \_\_\_\_\_

Double contrast barium enema \_\_\_\_\_

Colonoscopy \_\_\_\_\_

5. Among all patients aged 50 and older you saw for a health maintenance exam, in the past year, who were asymptomatic, for **approximately** what percentage **did you perform or order** each colorectal cancer screening test?

Digital rectal exam with hemocult \_\_\_\_\_ %

Fecal occult blood test (FOBT) \_\_\_\_\_ %

Flexible sigmoidoscopy \_\_\_\_\_ %

Double contrast barium enema \_\_\_\_\_ %

Colonoscopy \_\_\_\_\_ %



**Part V: 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 my patients aged 50 and older would:					
a. make me feel I am providing comprehensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. take too much of my time and effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. be a higher priority with my male patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. be low priority in my average health maintenance exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. reassure patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. give me an opportunity to provide reliable information and educate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. 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"/>
h. cause my patients to feel uncomfortable or embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. be something that I feel prepared to discuss.	<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"/>

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
2. Distributing screening <b>fecal occult blood tests (FOBT)</b> to my patients aged 50 and older is:					
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 my 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 a patient's role in their 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. other, (SPECIFY)_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Having my asymptomatic patients aged 50 and older complete screening <b>fecal occult blood test (FOBT)</b> kits at home would:	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
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.	worry my patients because of false positive results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	be difficult for patients	<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 my asymptomatic patients aged 50 and older complete a <b>screening flexible sigmoidoscopy</b> would:	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
a.	find most 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 discuss and refer	<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 my asymptomatic patients aged 50 and older complete a <b>screening colonoscopy</b> would:					
		<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>
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 discuss and refer	<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 EASE OR DIFFICULTY OF COLORECTAL CANCER (CRC) SCREENING.

1. Do you use any of the following systems to remind you or your patients when they are due to be screened for colorectal cancer? (CHECK ONE BOX FOR EACH ITEM)

	Yes	No
a. Flow charts, "tickler files," or prompts to remind me or my staff 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 me or my staff 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 me or my staff if patients are due for a CRC screening via a colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>
d. Computerized printouts of my 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 to remind you when a patient is due for a	<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
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. My discussing colorectal cancer screening options and methods with asymptomatic patients over 50 years of age who see me for a general health maintenance exam 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. My colleagues generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My primary professional medical organizations (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Governmental health organizations (e.g., CDC, NIH, State and Local 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 group practice policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Clinicians in my clinic generally	<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:**

	<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 my 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 CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Patients with flagged charts are more likely to receive an FOBT kit at their annual visit	<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 CRC screening	<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 I currently use in my practice...					
a. are helpful tools for my practice	<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 addressing CRC screening in my practice	<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 CRC 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