

Clinician Post-Intervention Survey

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

*Clinician Colorectal Cancer Screening
Survey*

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

Battelle logo

MCO logo

~~[MCO Research Arm Name]~~ and Battelle *Centers for Public Health Research* are inviting you to participate in this study of ~~clinicians~~ *colorectal cancer screening* at ~~[MCO Name]~~. 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 are interested in your opinions and experiences when talking with your patients over the age of 50 about colon cancer and colon cancer screening. 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.*

All providers in your clinic as well as several other clinics at [MCO] are being asked to complete this 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~~ *approximately 30* minutes to complete.

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

- Your answers are strictly private.
- Please do not put your name on the survey.
- Answers from other providers 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!

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)
 Family/General Practice
 Internal Medicine
 Nurse Practitioner
 Physician's Assistant
 Other: _____
4. What is your secondary specialty? _____ (PLEASE SPECIFY)

 No secondary specialty
4. Since completing your training, how long have you been practicing? _____ Years
5. How long have you practiced at _____ (name of study clinic site) _____ your clinic?
_____ Years _____ Months

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

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

6. On average, how many hours per week **total** do you spend in direct patient care in **your clinic**?
Average number of hours _____
7. **Approximately**, how many patients are in your panel *at your clinic*? _____
8. On average, how many patients do you see in a typical week in your clinic?

9. On average, **approximately** how many patients do you see in a typical week for health-maintenance visits/exams in your clinic? _____

10. 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~~ *a routine non-acute care visit?* (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~~ *routine non-acute care visit?* (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"/>

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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~~ *routine non-acute care visit*? (CHECK ONE BOX FOR EACH ISSUE)

Issues brought up	Half the				
	Never	Sometimes	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 ROUTINE NON-ACUTE CARE VISIT**.

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

- test kit) to patients
- c. ~~Recommending Flexible Sigmoidoscopy to patients~~
- d. ~~Recommending Colonoscopy to patients~~
- e. ~~Recommending Double contrast barium enema to patients~~

1. In the past year did you attend CE/CME 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, did you receive specific training on any of the following topics?

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

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. The CME/CE prepared me to use motivational interviewing techniques to encourage my 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 my 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 my 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 other 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 clinic support staff are using the techniques we learned to motivate patients to get their CRC screening

4. 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?

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

5. 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?

Test	Number of Asymptomatic Cases
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 Information and Resources

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.

1. Information, ~~Training and Reminders~~ and Resources:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. I have adequate 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"/>

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 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"/> |
| e. I feel prepared to discuss CR screening with patients | | | | | |
| 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"/> |
| g. I feel confident that I can increase my patients' motivation to screen for colorectal cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. My patients feel comfortable asking me questions about CRC screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. I feel confident that I can help patients decide which screening test to use | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. I can understand and address my patients' barriers to CRC screening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. CRC Screening Materials:

The materials that I currently use in my practice...	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
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"/>

Part V: 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-ROUTINE NON-ACUTE CARE VISIT.

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

	Never	Sometimes	Half the time	Usually	Always
a. I discuss colorectal cancer (CRC) screening when patients present with questions or concerns about colon cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>

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|------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| c. | I discuss CRC screening with all age-appropriate patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | I have brochures on CRC screening available for all patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | When discussing CRC screening with my patients: | | | | | |
| i. | 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. | I recommend a specific test they should have | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iii. | <i>I use motivational interviewing techniques with them about colon cancer screening</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| iv. | <i>I ask them open-ended questions about their perceptions of colon cancer and screening</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| v. | <i>I reflect back to each patient his/her own reasons for being screened</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| vi. | 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"/> |
| vii. | <i>I accept their decisions with regard to being screened</i> | <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
- Either fecal occult blood test **or** colonoscopy*
- 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~~ 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 hemoccult	<input type="checkbox"/>	_____ yrs →	Every _____ yrs →	<input type="checkbox"/> Yes → <input type="checkbox"/> No	_____ y rs
b. Digital rectal exam in conjunction with hemoccult	<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

3. For the last 10 patients aged 50 and older whom you saw for a ~~health maintenance exam~~ routine non-acute care visit and were **asymptomatic** and due for routine CRC screening, please **estimate** how many of each of the following tests you performed or ordered for colorectal cancer screening for how many you did each of the following?

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

- Performed digital rectal exam with hemoccult _____
- Handed out fecal occult blood test (FOBT) _____
- Flexible sigmoidoscopy _____
- Ordered double contrast barium enema _____
- Ordered colonoscopy _____

4. Among all patients aged 50 and older you saw for a ~~health maintenance exam~~ routine non-acute care visit, in the past year, who were asymptomatic and due for routine CRC screening, for **approximately** what percentage **did you perform or order** each colorectal cancer screening test did you do each of the following?

- Performed digital rectal exam with hemoccult _____ %
- Handed out fecal occult blood test (FOBT) _____ %
- Ordered flexible sigmoidoscopy _____ %
- Double contrast barium enema _____ %
- Ordered colonoscopy _____ %

Part VI: Opinions about CRC Screening

For each statement below, please check the box that best represents your opinion.

1. Discussing colorectal cancer screening with my patients aged 50 and older would:	Neither Agree nor Disagree				
	Strongly Disagree	Disagree	Disagree	Agree	Strongly Agree
a. make me feel <i>that</i> I am providing comprehensive care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. takes too much of my time and effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. be is a higher priority with my male patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. be is a low priority in my average health maintenance exam <i>non-acute</i>	<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. gives 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 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"/>
h. causes my patients to feel uncomfortable or embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. be is something that I feel prepared to discuss.	<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 <i>Providing</i> screening fecal occult blood tests (FOBT) to my patients aged 50 and older is:	Neither Agree nor Disagree				
	Strongly Disagree	Disagree	Disagree	Agree	Strongly Agree
a. <i>is</i> a practice standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <i>is</i> easy to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <i>is</i> a low risk test for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <i>is</i> difficult due to cultural or language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. <i>is</i> an opportunity for education about CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. <i>is</i> 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. <i>is</i> cost effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. <i>is</i> difficult due to time constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. <i>is</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	Strongly Disagree	Disagree	Neither
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		Disagree		Agree nor Disagree		Agree		Strongly Agree	
and older complete screening fecal occult blood test (FOBT) kits at home would:									
k. be is convenient for patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. be is effective in finding CRC at an early stage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. be is effective in decreasing mortality		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. result s in patients doing it wrong		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. results in patients not returning cards		<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. be is distasteful for patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. worry my patients because of false positive results		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. be is difficult for patients		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. produce inaccurate results		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Having Encouraging my asymptomatic patients aged 50 and older complete a screening flexible sigmoidoscopy would:									
a. find most colorectal cancer at early stage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Encouraging my asymptomatic patients aged 50 and older complete a screening colonoscopy would :	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
a. be is appropriate only for high risk patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. be 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. is easy to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. would 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. is an opportunity to educate patients about CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. be is preferred by most patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. be is the best test we can provide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. allows a view the entire colon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. be is effective in decreasing mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. takes too much time for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. be is unpleasant for patients to prepare for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. be is inconvenient for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. exposes patients to significant risk of complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. be is expensive for the patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. be is cost-effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. takes 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"/>
r. be is something that patients would refuse to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s. be is something that I feel prepared to discuss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t. results in a long wait time for an appointment	<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 EASE OR DIFFICULTY OF COLORECTAL CANCER (CRC) SCREENING.

1. Do you use any of the following systems *at your clinic* 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 *do you think* it takes for an asymptomatic, average risk patient, aged 50 years or older, in your health care system to *get a Colonoscopy appointment*?:

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

_____ days

_____ Get a Flexible sigmoidoscopy appointment

_____ Get a Colonoscopy appointment

_____ Get a Double contrast barium enema appointment _____ days

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"/>

	Not available	Not at all adequate				Very adequate
c. A medical assistant 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"/>
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"/>
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. Staff/system to remind patients to return FOBT cards	<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 flexible 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 timely colonoscopy appointments	<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. 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~~ *routine 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. 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"/>
c. 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"/>
d. 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"/>
e. Clinicians in my clinic generally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please let us know if you have any additional comments:

Thank you very much for completing your survey

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