

Clinician Colorectal Cancer Screening Survey

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

Battelle logo

MCO logo

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(MCO name) and Battelle Centers for Public Health Research are inviting you to participate in this study of colorectal cancer screening at (MCO name). The Centers for Disease Control and Prevention (CDC) is collaborating with Battelle and (MCO 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 in several other clinics at (MCO name) are being asked to complete this survey. You are being paid \$50 to compensate you for your time and effort. Clinicians who reviewed this questionnaire estimated that it took approximately 30 minutes to complete.

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- 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.
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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!

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?
 Family/General Practice
 Internal Medicine
 Nurse Practitioner
 Physician's Assistant
 Other: _____
4. Since completing your training, how long have you been practicing? _____ Years
5. How long have you practiced at your clinic?
_____ Years _____ Months
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? _____

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 a routine non-acute care visit? (CHECK ONE BOX FOR EACH TEST)

<i>Test</i>	Not at all worthwhile	Slightly worthwhile	Somewhat worthwhile	Quite worthwhile	Very worthwhile
a. Pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Digital rectal exam with hemoccult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fecal occult blood test (FOBT or hemoccult)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Flexible sigmoidoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cholesterol test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Prostate specific antigen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Digital rectal exam to check prostate	<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 routine non-acute care visit? (CHECK ONE BOX FOR EACH TEST)

<i>Issues Discussed</i>	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)
- j. Colorectal cancer screening
 - i. Fecal occult blood test
 - ii. Flexible sigmoidoscopy
 - iii. Colonoscopy

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

<i>Issues brought up</i>	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 **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 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"/>
a. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Information and Resources

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

1. Information and Resources:

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
a. I have the latest information about colorectal cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have the latest information about colorectal cancer screening guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I have the skills I need to address colorectal cancer screening with 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. I feel prepared to discuss CRC screening with patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. My clinic has seen an increased volume of 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 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 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"/>
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 use motivational interviewing techniques with them about colon cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. I ask them open-ended questions about their perceptions of colon cancer and screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v. I reflect back to each patient his/her own reasons for being screened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 accept their decisions with regard to being screened	<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.**

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
- 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) _____

4. For the **last 10 patients** aged 50 and older whom you saw for a routine non –acute care visit and were **asymptomatic** and due for routine CRC screening, please **estimate** 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) _____
- Ordered flexible sigmoidoscopy _____
- Ordered colonoscopy _____

5. Among all patients aged 50 and older you saw for a routine non –acute care visit, **in the past year**, who were asymptomatic and due for routine CRC screening, for **approximately what percentage** you did each of the following?

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

Part VI: Opinions about CRC Screening

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

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. Discussing colorectal cancer screening with my patients aged 50 and older:					
a. makes me feel that 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. is a higher priority with my male patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. is a low priority in my average routine non-acute visit	<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. 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. 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.	Providing screening fecal occult blood tests (FOBT) to my asymptomatic patients aged 50 and older:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	a. is a practice standard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. is easy to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. is a low risk test for my patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. is difficult due to cultural or language barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. is an opportunity for education about CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. is a method to increase 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. is cost effective	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. is difficult due to time constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. is something I feel prepared to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j. is convenient for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k. is effective in finding CRC at an early stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	l. is effective in decreasing mortality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	m. is a worry my patients because of false positive results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	n. results in patients doing it wrong	<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"/>
	p. is distasteful for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	r. is difficult for patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	s. produces inaccurate results	<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:	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
	a. is appropriate only for high risk patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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| b. 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. is preferred by most patients | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. 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. 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. is unpleasant for patients to prepare for | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m. 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. is expensive for the patient | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p. 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. is something that patients would refuse to do | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| s. 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

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)

Note: Delete items a and b for Henry Ford.

	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. Computerized printouts of my patients’ status on screening tests	<input type="checkbox"/>	<input type="checkbox"/>
c. Reminder phone calls to patient	<input type="checkbox"/>	<input type="checkbox"/>
d. Reminder cards by mail to patient	<input type="checkbox"/>	<input type="checkbox"/>
e. Materials (e.g., handouts) or programs to educate patients	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (PLEASE SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. **On average, how long do you think** it take for an asymptomatic, average risk patient, aged 50 years or older, in your health care system to get a Colonoscopy 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"/>
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 (hemocult) cards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Availability of FOBT kits (Hemocult cards)	<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
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 routine non-acute care visit 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. 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"/>
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"/>
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!