

# Attachment E1

## CDC National Survey of Endoscopic Capacity (SECAP)

The Centers for Disease Control and Prevention (CDC) is conducting a research study involving a national survey to determine the current capacity of the U.S. health care system to conduct colorectal cancer screening and follow-up examinations of all appropriate persons using endoscopy for primary screening or for diagnostic follow-up examinations. The results of the survey will be used to identify deficits in the current colorectal cancer endoscopic medical infrastructure, as well as to provide critical baseline information for use in planning initiatives aimed at increasing colorectal cancer screening.

All information that you provide will be kept private to the extent allowed by law, and CDC does not plan to disclose identifiable data to anyone but the researchers conducting the study. Responses will be reported only in summary form along with information from the other facilities that participate in the survey. No personal identifiers will be included in either oral or written presentation of the study results.

Participation in the study is voluntary. You are subject to no penalty if you choose not to provide all or any part of the requested information.

If you have any questions regarding the study, please call Diane Manninen, Ph.D., Task Leader, Battelle at 1-800-xxx-xxxx. If you have any questions regarding your rights as a study subject, please contact the Chairperson of the Battelle Institutional Review Board, at 1-877-810-9530, ext. 500.

Thank you for your participation in this important study.

Public reporting burden of this collection of information varies from 30-40 minutes with an estimated average of 35 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0539)

## Section 1. Introduction

*In this survey, the term “practice site” is used to refer to the specific site identified in the cover letter. In a hospital setting, practice site refers to a specific department, division, clinic or endoscopy suite. In a non-hospital setting, practice site refers to a physician practice or ambulatory endoscopy or ambulatory surgery center. Responses should reflect the total number of endoscopic procedures performed by all endoscopists at the specific practice site as identified in the cover letter.*

*If you are unable to respond to a specific question, please feel free to consult with others at this practice site who may be more familiar with certain types of information.*

1. Are any colonoscopies or flexible sigmoidoscopies performed at this site?  
*(Circle one response.)*

Colonoscopies, only.....1

Flexible sigmoidoscopies, only.....2

Both colonoscopies and flexible sigmoidoscopies.....3

Neither are done.....4

**STOP, PLEASE  
RETURN SURVEY  
NOW. THANK  
YOU FOR YOUR  
HELP.**

2. Approximately how many weeks per year does this practice site have normal operations? (For example, if the practice site is closed for ten holidays per year, then the answer would be 50 weeks.)

weeks per year	

3. How many of the following types of equipment are used by this practice site for either colonoscopies or flexible sigmoidoscopies? **(Please provide a NUMBER, not a percentage.)**

- a. Non-fiberoptic video colonoscopes ..... 

--	--	--
- b. Non-fiberoptic video flexible sigmoidoscopes..... 

--	--	--
- c. Video gastroscopes (EGDs)..... 

--	--	--
- d. Fiberoptic colonoscopes..... 

--	--	--
- e. Fiberoptic flexible sigmoidoscopes..... 

--	--	--
- f. Other endoscopes used for lower endoscopy  
(specify type\_\_\_\_\_)...... 

--	--	--
- g. Video monitors (for use with the scopes above)..... 

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4. How many procedure rooms are available at this practice site for lower endoscopies?

Number of procedure rooms		

5. How many physicians who are members of this practice or who have practice privileges at this practice site perform flexible sigmoidoscopies and/or colonoscopies at this facility? **(Please provide a NUMBER, not a percentage.)**

- a. Family/General Practice..... 

--	--	--
- b. Internal Medicine..... 

--	--	--
- c. Gastroenterology..... 

--	--	--
- d. General Surgery..... 

--	--	--
- e. Colorectal Surgery..... 

--	--	--
- f. Other Physicians..... 

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6. Do interns, residents or fellows receive flexible sigmoidoscopy or colonoscopy training at this practice site?

Yes.....1  
 No .....2

7. How many colonoscopies and flexible sigmoidoscopies were performed at this practice site in 2009?

2009			
a. Colonoscopies.....			
b. Flexible Sigmoidoscopies.....			

8. What kind of sedation or anesthesia is typically used for flexible sigmoidoscopies and colonoscopies at this practice site? **(Circle one response for each column.)**

<b>a. Flexible Sigmoidoscopies</b>	<b>b. Colonoscopies</b>
<input type="checkbox"/>	<input type="checkbox"/>

Opioids/Benzodiazepines.....1.....1  
 Propofol.....2.....2  
 No sedation or anesthesia is typically used.....3.....3  
 Other agents, please specify \_\_\_\_\_.....4.....4  
 No typical pattern.....5.....5  
 Procedure is not performed here.....6.....6

9. Who typically monitors the sedation or anesthesia? **(Circle all that apply.)**

<b>a. Opioids/ Benzodiazepines</b>	<b>b. Propofol</b>
<input type="checkbox"/>	<input type="checkbox"/>

RN.....1.....1  
 CRNA.....2.....2  
 Endoscopist.....3.....3  
 Anesthesiologist.....4.....4  
 Other, please specify \_\_\_\_\_.....5.....5  
 Not applicable; anesthesia or sedation not typically used.....6.....6

**Section 2. Colonoscopy**

In this section we ask about colonoscopies performed at this practice site for colorectal cancer screening, surveillance, and diagnostic procedures, as defined below:

- **Screening** refers to the routine, periodic use of a testing procedure intended to detect cancer or pre-cancerous lesions at an earlier stage than is possible through clinical detection or incidental discovery.
- **Surveillance** refers to procedures performed for patients previously diagnosed with colorectal polyps or cancers.
- **Diagnostic** procedures are those performed for individuals with gastrointestinal symptoms (e.g., abdominal pain or tenderness, change in bowel habits, bleeding, anemia, an abdominal or rectal mass, evidence of bowel obstruction, or weight loss) or to follow-up a positive screening test (e.g., fecal occult blood test, flexible sigmoidoscopy, double contrast barium enema, computed tomographic colonography (CTC)).

If you are unable to provide exact responses, please provide your best estimate for procedures performed by this entire practice site. If you are unable to answer certain questions, please feel free to consult with others at this practice site who may be more familiar with this type of information.

10. Do any physician or non-physician endoscopists perform colonoscopy at this practice site?

Yes.....1

No.....2 • **SKIP TO QUESTION 27**

11. Of the total number of colonoscopies performed during a typical week, what percentage is performed by the following types of practitioners? **(Please provide your best estimate.)**

- |                                                      |                      |                      |                      |            |
|------------------------------------------------------|----------------------|----------------------|----------------------|------------|
| a. Family/General practitioner.....                  | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
| b. Internist.....                                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
| c. Gastroenterologist.....                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
| d. General surgeon.....                              | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
| e. Colorectal surgeon.....                           | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
| f. Non-physician endoscopist.....                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
| g. Fellows supervised by an attending physician..... | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
| h. Other (Specify): _____.....                       | <input type="text"/> | <input type="text"/> | <input type="text"/> | %          |
|                                                      |                      |                      |                      | TOTAL 100% |

12. During a typical week, how many colonoscopies are performed by all physician and non-physician endoscopists at this practice site? ***(Please provide your best estimate, including screening, surveillance and diagnostic procedures.)***

				<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> <td style="width: 25px; height: 25px;"></td> </tr> </table> %			
Total number of colonoscopies per week							

13. Approximately what **percentages** of all colonoscopies performed at this site are performed for: ***(Please refer to the definitions on the previous page and provide your best estimate.)***

a. Primary colorectal cancer screening.....

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 %

b. Surveillance.....

--	--	--

 %

c. Diagnostic procedures (including follow-up of a positive screening test).....

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 %

14. Could more colonoscopies be performed at this practice site **with no other investment of resources?**

Yes.....1

No.....2 • **SKIP TO QUESTION 16**

15. If the demand for colorectal cancer screening and follow-up were to increase substantially, how many additional colonoscopies could be performed at this practice site per week with **no other investment of resources?** ***(Please provide your best estimate.)***

Additional number of colonoscopies per week			

16. What are the limiting factors to performing more colonoscopies at this practice site?  
*(For each item a-k, circle 1 for yes or 2 for no.)*

YES	NO
□	□

- a. Insufficient time – few open appointments available for colonoscopies.....1.....2
- b. Insufficient utilization due to cancellations or “no shows” .....1.....2
- c. Insufficient number of physicians available to perform procedures.....1.....2
- d. Insufficient nursing staff to assist with procedures.....1.....2
- e. Insufficient ancillary staff to help with room turnover.....1.....2
- f. Insufficient staff or physicians to monitor the sedation or anesthesia.....1.....2
- g. Insufficient procedure rooms.....1.....2
- h. Insufficient prep and/or recovery areas.....1.....2
- i. Insufficient endoscopes or monitors.....1.....2
- j. Insufficient reimbursement.....1.....2
- k. Other (please specify \_\_\_\_\_).....1.....2

17. Which is the primary limiting factor? *(Circle one response.)*

- Insufficient time – few open appointments available for colonoscopies.....1
- Insufficient utilization due to cancellations or “no shows” .....2
- Insufficient number of physicians available to perform procedures.....3
- Insufficient nursing staff to assist with procedures.....4
- Insufficient ancillary staff to help with room turnover.....5
- Insufficient staff or physicians to monitor the sedation or anesthesia.....6
- Insufficient procedure rooms.....7
- Insufficient prep and/or recovery areas.....8
- Insufficient endoscopes or monitors.....9
- Insufficient reimbursement.....10
- Other (please specify \_\_\_\_\_).....11

18. If the demand for colonoscopies were to exceed this practice site’s current capacity to perform colonoscopies, what steps would this practice site take to meet that increased demand? *(For each item a-m, circle 1 for yes or 2 for no.)*

YES	NO
□	□

- a. Not applicable, not planning to perform more colonoscopies.....1.....2
- b. Increase hours or proportion of the work day allocated to procedures.....1.....2
- c. Modify block scheduling.....1.....2
- d. Use patient navigators or reminder calls to decrease cancellations and “no shows”.....1.....2
- e. Increase physician staff.....1.....2
- f. Increase/hire non-physician endoscopists to perform procedures.....1.....2
- g. Increase nursing staff to assist with procedures.....1.....2
- h. Increase ancillary staff to help with room turnover.....1.....2
- i. Increase staff or physicians to monitor the sedation or anesthesia.....1.....2
- j. Establish a larger screening unit/more procedure rooms.....1.....2
- k. Establish additional prep and/or recovery areas.....1.....2
- l. Purchase or lease more equipment.....1.....2
- m. Other (Specify \_\_\_\_\_).....1.....2

19. What is the average room-time scheduled for a colonoscopy?

minutes	

20. What is the typical waiting time for a screening colonoscopy appointment at this practice site? *(Circle one response.)*

- 1-2 weeks.....1
- 3-4 weeks.....2
- 1-2 months.....3
- 3-4 months.....4
- 5-6 months.....5
- More than six months.....6



21. What is the typical waiting time for a diagnostic colonoscopy appointment at this practice site? (**Circle one response.**)

- 1-2 weeks.....1
- 3-4 weeks.....2
- 1-2 months.....3
- 3-4 months.....4
- 5-6 months.....5
- More than six months.....6

22. Does your endoscopy unit routinely monitor the following? (**For each item a-h, circle 1 for yes or 2 for no.**)

YES	NO
☐	☐

- a. Cecal intubation rate.....1.....2
- b. Colonoscope withdrawal time.....1.....2
- c. Polyp detection rate.....1.....2
- d. Adenoma detection rate.....1.....2
- e. Percentage of inadequate bowel preparations.....1.....2
- f. Recommended recall interval for rescreening, diagnostic follow-up, or surveillance.....1.....2
- g. Other (Specify\_\_\_\_\_)......1.....2
- h. None of the above.....1.....2

23. In this practice site, approximately what **percentage** of colonoscopies is incomplete?

☐	☐	☐	%
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24. What is the most common reason at this practice site for an incomplete colonoscopy? (**Circle one response.**)

- Poor bowel preparation.....1
- Patient discomfort or pain.....2
- Technical difficulties (e.g., spasms, adhesions, tortuosity).....3
- Other (Specify\_\_\_\_\_)......4

25. If a colonoscopy is incomplete because of poor bowel preparation or patient discomfort or pain, what would be the next step?  
**(Circle all that apply.)**

a. Poor bowel	b. Patient discomfort or	c. Technical difficulties
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- Repeat the colonoscopy at a later date.....1.....1.....1
- Order a double contrast barium enema.....2.....2.....2
- Order a computed tomographic colonography (CTC).....3.....3.....3
- Not applicable.....4.....4.....4
- Other (Specify\_\_\_\_\_.).....5.....5.....5

26. How many colonoscopies per week are performed to follow-up a positive computed tomographic colonography (CTC)? **(Circle one response.)**

- < 1 colonoscopy per week.....1
- 1 – 5 colonoscopies per week.....2
- > 5 colonoscopies per week.....3

**Section 3. Flexible Sigmoidoscopy**

*In this section we ask about screening flexible sigmoidoscopies performed at this practice site. If you are unable to provide exact responses, please provide your best estimate. If you are unable to answer certain questions, please feel free to consult with others at this practice site who may be more familiar with this type of information.*

27. Do any physician or non-physician endoscopists perform flexible sigmoidoscopy at this practice site?

- Yes.....1
- No.....2 • **SKIP TO QUESTION 42**

28. During a typical week, how many flexible sigmoidoscopies are performed by all physician and non-physician endoscopists at this practice site?  
*(Please provide your best estimate.)*

Total number of sigmoidoscopies per week			

IF LESS THAN 2 SIGMOIDOSCOPIES PER WEEK, ➡ **SKIP TO QUESTION 42**

29. Of the total number of flexible sigmoidoscopies performed during a typical week in this practice, what percentages are performed by the following types of practitioners?  
*(Please provide your best estimate.)*

- a. Family/General practitioner.....    %
- b. Internist.....    %
- c. Gastroenterologist.....    %
- d. General surgeon.....    %
- e. Colorectal surgeon.....    %
- f. Non-physician endoscopist.....    %
- g. Other (Specify): \_\_\_\_\_.....    %

30. Approximately what **percentage** of all flexible sigmoidoscopies performed at this practice site is performed for colorectal cancer screening?  
*(Please provide your best estimate. If none, please record "0".)*

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 %

31. Could more flexible sigmoidoscopies be performed at this practice site **with no other investment of resources**?

- Yes.....1
- No.....2 ➡ **SKIP TO QUESTION 33**

32. If the demand for colorectal cancer screening and follow-up were to increase substantially, how many additional flexible sigmoidoscopies could be performed at this practice site per week **with no other investment of resources?**  
*(Please provide your best estimate.)*

Additional number of sigmoidoscopies per week		

33. What are the limiting factors to performing more flexible sigmoidoscopies at this practice site? *(For each item a-j, circle 1 for yes or 2 for no.)*

YES	NO
□	□

- a. Insufficient time – few open appointments available for flexible sigmoidoscopies.....1.....2
- b. Insufficient utilization due to cancellations or “no shows” .....1.....2
- c. Insufficient number of physicians available to perform procedures.....1.....2
- d. Insufficient nursing staff to assist with procedures.....1.....2
- e. Insufficient ancillary staff to help with room turnover.....1.....2
- f. Insufficient procedure rooms.....1.....2
- g. Insufficient prep and/or recovery areas.....1.....2
- h. Insufficient endoscopes or monitors.....1.....2
- i. Insufficient reimbursement.....1.....2
- j. Other (Specify \_\_\_\_\_).....1.....2

34. Which is the primary limiting factor? *(Circle one response.)*

- Insufficient time – few open appointments available for flexible sigmoidoscopies.....1
- Insufficient utilization due to cancellations or “no shows” .....2
- Insufficient number of physicians available to perform procedures.....3
- Insufficient nursing staff to assist with procedures.....4
- Insufficient ancillary staff to help with room turnover.....5
- Insufficient procedure rooms.....6
- Insufficient prep and/or recovery areas.....7
- Insufficient endoscopes or monitors.....8
- Insufficient reimbursement.....9
- Other (Specify \_\_\_\_\_).....10

35. If the demand for flexible sigmoidoscopies were to exceed this practice site’s current capacity to perform flexible sigmoidoscopies, what steps would this practice site take to meet that increased demand? **(For each item a-l, circle 1 for yes or 2 for no.)**

YES	NO
☐	☐

- a. Not applicable, not planning to perform more flexible sigmoidoscopies...1.....2
- b. Increase hours or proportion of the work day allocated to procedures.....1.....2
- c. Modify block scheduling.....1.....2
- d. Use patient navigators or reminder calls to decrease cancellations and “no shows”.....1.....2
- e. Increase physician staff.....1.....2
- f. Increase/hire non-physician endoscopists to perform procedures .....1.....2
- g. Increase nursing staff to assist with procedures.....1.....2
- h. Increase ancillary staff to help with room turnover.....1.....2
- i. Establish a larger screening unit/more procedure rooms.....1.....2
- j. Establish additional prep and/or recovery areas.....1.....2
- k. Purchase or lease more equipment.....1.....2
- l. Other (Specify\_\_\_\_\_ ).....1.....2

36. What is the average room-time scheduled for a flexible sigmoidoscopy?

minutes	

37. What is the typical waiting time for a screening flexible sigmoidoscopy appointment at this practice site? **(Circle one response.)**

- 1-2 weeks.....1
- 3-4 weeks.....2
- 1-2 months.....3
- 3-4 months.....4
- 5-6 months.....5
- More than six months.....6

38. If a polyp is found during a screening flexible sigmoidoscopy, what is the typical waiting time for a colonoscopy? **(Circle one response.)**

- 1-2 weeks.....1
- 3-4 weeks.....2
- 1-2 months.....3
- 3-4 months.....4
- 5-6 months.....5
- More than six months.....6

39. In this practice site, approximately what **percentage** of flexible sigmoidoscopies are incomplete?

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 %

40. What is the most common reason for an incomplete flexible sigmoidoscopy? **(Circle one response.)**

- Poor bowel preparation.....1
- Patient discomfort or pain.....2
- Technical difficulties (e.g., spasms, adhesions, tortuosity).....3
- Not applicable.....4
- Other (Specify\_\_\_\_\_)......5

41. If a flexible sigmoidoscopy is incomplete because of poor bowel preparation or patient discomfort or pain, what would be the next step?  
*(Circle all that apply for each column.)*

**Reason for Incomplete Procedure**

a. Poor bowel preparation	b. Patient discomfort or pain	c. Technical problems
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Re-prep and repeat the procedure the same day.....	1.....	1.....	1.....
Repeat the flexible sigmoidoscopy at a later date.....	2.....	2.....	2.....
Perform a colonoscopy at a later date.....	3.....	3.....	3.....
Refer the patient to another practice for colonoscopy.....	4.....	4.....	4.....
Order a double contrast barium enema.....	5.....	5.....	5.....
Order a computed tomographic colonography (CTC).....	6.....	6.....	6.....
Other (Specify_____)	7.....	7.....	7.....

#### **Section 4. Non-physician Endoscopists**

*This section focuses on the use of non-physician endoscopists to perform sigmoidoscopy or colonoscopy in this practice site. Non-physician endoscopists include nurse practitioners, physician assistants, registered nurses, and licensed practical/vocational nurses.*

42. Does this practice site employ non-physician endoscopists (e.g., nurse practitioners, physician assistants, registered nurses, and licensed practical/vocational nurses) to perform sigmoidoscopy or colonoscopy?

Yes.....1  
 No.....2 ➔ **SKIP TO QUESTION 46**

43. How many of the following non-physician endoscopists perform sigmoidoscopy or colonoscopy in this practice site?

- a. Licensed Practical/Vocational Nurse..... 

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- b. Registered Nurse..... 

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- c. Nurse Practitioner..... 

--	--	--
- d. Physician Assistant..... 

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44. When a non-physician endoscopist performs a flexible sigmoidoscopy at this practice site, what level of supervision is provided? **(Circle one response.)**

- A physician is present in the procedure room for the entire exam..... 1
- A physician is present in the procedure room when the flexible sigmoidoscope is withdrawn only.....2
- The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician, but . . .
  - a physician is “immediately available” in clinic.....3
  - a physician is “immediately available” in hospital 4
  - a physician is “immediately available” by beeper/phone.....5
- The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician.....6
- Non-physician endoscopists do not perform flexible sigmoidoscopy.....7
- Other (Specify): \_\_\_\_\_ .....8



45. When a non-physician endoscopist performs a colonoscopy at this practice site, what level of supervision is provided? **(Circle one response.)**

- A physician is present in the procedure room for the entire exam 1
- A physician is present in the procedure room when the colonoscope is withdrawn only 2
- The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician, but . . .
  - a physician is “immediately available” in clinic 3
  - a physician is “immediately available” in hospital 4
  - a physician is “immediately available” by beeper/phone 5
- The non-physician endoscopist is authorized to perform the exam in entirety, unsupervised by a physician 6
- Non-physician endoscopists do not perform colonoscopy 7
- Other (Specify): \_\_\_\_\_8

**Section 5. Practice Site and Respondent Characteristics**

46. Please indicate whether or not this facility is one of the following types of medical facilities. **(For each item a-e, circle 1 for yes or 2 for no.)**

	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
a. Health maintenance organization employing most of the physicians who practice here.....	1	2
b. Military hospital.....	1	2
c. Veterans Administration Medical Center.....	1	2
d. Indian Health Service or tribal facility.....	1	2
e. Indian Health Service contracted facility.....	1	2

47. For outpatient colonoscopies and/or flexible sigmoidoscopies performed at this practice site, if the patient is covered by Medicare, what reimbursement rate would be used for professional services? **(Circle one response.)**

- Medicare Physician Facility .....1
- Medicare Physician Non-facility Rate for office-based endoscopy.....2
- Not applicable, no Medicare patients or Medicare not billed per patient encounter.....3
- Don't know.....4

48. For outpatient colonoscopies and/or flexible sigmoidoscopies performed at this practice site, if the patient is covered by Medicare, what reimbursement would be used for the facility? (*Circle one response.*)

- Medicare rate for ASC.....1
- Medicare rate for hospital outpatient department.....2
- Not applicable for physician practice and office-based endoscopy .....3
- Not applicable, no Medicare patients or Medicare not billed per patient encounter.....4
- Don't know.....5

49. Did you refer to electronic medical records to provide estimates of current or past procedural volume? (*Circle one response.*)

- Yes.....1
- No .....2

50. Which of the following categories best describes this practice site? (*Circle one response.*)

- Physician practice 1 • **CONTINUE TO QUESTION 51**
- Ambulatory endoscopy/surgery center 2 • **SKIP TO QUESTION 53**
- Hospital 3 • **SKIP TO QUESTION 54**

**For Physician Practices**

51. How many physicians (e.g., surgeons, medical doctors, and doctors of osteopathy) are at this practice site?

Number of physicians		

52. During a typical week, approximately how many patients are seen at this practice site for any reason, including for procedures? *(Circle one response.)*

- 75 or fewer.....1
- 76-150.....2
- 151-300.....3
- 301-500.....4
- 501 or more.....5

***PLEASE SKIP TO QUESTION 58***

**For Ambulatory Endoscopy or Surgery Centers**

53. What type of ambulatory surgery center is this practice site? *(Circle one response.)*

- Single Specialty.....1
- Multispecialty.....2
- Other, (specify \_\_\_\_\_).....3

***PLEASE SKIP TO QUESTION 58***

**For Hospitals**

54. Which of the following describes this location? *(Circle one response.)*

- Gastroenterology department .....1
- General surgery department .....2
- Colorectal surgery department .....3
- Family practice department .....4
- General internal medicine department .....5
- Operating room .....6
- Satellite clinic .....7
- GI/Endoscopy Lab.....8
- Outpatient surgery.....9
- Other (specify)\_\_\_\_\_ .....10

55. Does this department or lab serve outpatients only? **(Circle one response.)**

- Yes.....1
- No .....2

56. Is this hospital a voluntary non-profit, government, or proprietary for profit facility?  
**(Circle one response.)**

- Voluntary non-profit.....1
- Government.....2
- Proprietary for profit.....3

57. How many patient beds does this hospital contain?

Number of beds		

**For All Sites**

58. What is your position at this facility? **(Circle one response.)**

- Physician endoscopist.....1
- Nurse endoscopist.....2
- Nurse administrator/manager.....3
- Endoscopy nurse .....4
- Other (Specify): \_\_\_\_\_.....5

**COMMENTS**

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**THANK YOU FOR YOUR TIME AND EFFORT IN PARTICIPATING IN THIS SURVEY. PLEASE MAIL THE COMPLETED SURVEY IN THE POSTAGE PAID ENVELOPE TO:**

Attn: CDC SECAP STUDY OFFICE  
1100 Dexter Avenue North, Suite 400  
Seattle, WA 98109