

**Centers for Disease Control: National Program of Cancer Registries  
(NPCR)**  
**National Cancer Registrar's Association (NCRA)**  
**Workload & Time Management Survey**

**Survey Due Date: XXXX XX, 200X**

This survey requires one (1) week of data collection prior to entering the data online.

**Please read the recommended steps for completing the survey carefully.**

**Recommended Steps for Completing the Survey**

**Preparing to fill out the online survey:**

- 1.** Review and understand the survey materials contained in the PDF that was linked to the e-mailed survey invitation.
  - a. The PDF contains three (3) documents, including
    - i.* Instructions for completing the *Work Activities Journal*
    - ii.* The *Work Activities Journal*
    - iii.* A glossary of words and terms used in the survey
  - b. You can click [here](#) to open and print the PDF now.
- 2.** As described in its instructions, the *Work Activities Journal* is intended to be used by your staff/cancer registrars.
- 3.** Please print a copy of the PDF file/survey materials for each staff person/cancer registrar.
- 4.** Give the survey materials to your staff/cancer registrars; ask that they fill out the *Work Activities Journal* for one (1) week.
- 5.** At the end of the week, collect the *Work Activities Journal* sheets.
- 6.** Total the amount of time per activity across all sheets, keeping in mind that there is no expectation that the totals will be equivalent to a fulltime work day, week, or month.

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the 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-xxxx)

7. Enter the totals into a fresh journal *Work Activities Journal* sheet, for your use in filling out the survey.
8. Obtain a copy of your annual report from 200X.

**Now you are ready to fill out the online survey:**

9. Expect to spend about 1-2 hours filling out the online portion of the survey.
10. Have the following items with you when you sit down to do the survey:
  - a. Your *Work Activities Journal* totals
  - b. Your annual report from 2006
11. Words and term that are defined in the glossary are hyperlinked on the survey website; click on them to access their definitions.
12. Please try to answer each question.
13. If none of the answer choices is just right for you, please check the **one** answer that fits **best**.
14. If you need to log out or close your web browser, click “save and log out.” Your answers will be saved. Later, you can return to the survey by logging in with the same password and User ID. Keep in mind that although your data will be saved, you will be returned to the beginning of the survey. It will be useful to note the number of the last question that you answer if you intend to return later to complete the survey.

If you need help with the survey, please contact Vanessa Lindler at  
The Center for the Health Professions:  
(415) 867-1556  
[vanessa@thecenter.ucsf.edu](mailto:vanessa@thecenter.ucsf.edu)

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**Section I: Facility and Registry Characteristics**

**Questions 1 through 4:** Please answer the following questions pertaining to certain characteristics of the cancer registry where you are employed.

1. In what state is your registry located? Drop down menu
2. Where is your registry housed? **(Choose the one best answer)**
  - State Health Department
  - Contractor
  - University
  - Other - please specify: \_\_\_\_\_
3. Please enter the following reference year(s) for your registry.  
 \*Please note: If you do not have a reference year for a particular entity, leave blank.
  - 3a. SEER \_\_\_\_\_.
  - 3b. NPCR \_\_\_\_\_.
  - 3c. Other - **Specify:** \_\_\_\_\_; **Enter year:** \_\_\_\_\_.
4. Does your registry currently have workload standards in place?
  - Yes, for all positions
  - Yes, for some positions
  - No, none at all

## Section II: Caseload Size and Composition

**Questions 5 through 9:** Please answer the following questions pertaining to characteristics of your registry's caseload.

**\*Please note:** For all questions in this section, answers should be based on the **calendar year** 200X.

5. In 200X, what was the total number of source records the registry **received** from all reporting and casefinding sources? \_\_\_\_\_
6. In Table 1, please specify the number of source records received from each type of reporting/casefinding source in 200X (i.e., the records referenced in question 5.)

**Table 1. Number of Source Records in 200X**

Reporting/Casefinding Source	Number of Source
------------------------------	------------------

	Records
<b>6a. Hospital Registries</b>	
<b>a1. CoC approved (exclude VA and DoD)</b>	
<b>a2. Non-CoC approved (exclude VA and DoD)</b>	
<b>a3. VA hospitals</b>	
<b>a4. DoD hospitals</b>	
<b>6b. Data exchange: Records received from other states</b>	
<b>6c. Pathology labs</b>	
<b>6d. Death certificate only</b>	
<b>6e. SEER regional registry(ies)</b>	
<b>6f. Other regional registry(ies)</b>	
<b>6g. Other sources (specify in the rows provided below)</b>	
<b>g1.</b>	
<b>g2.</b>	
<b>g3.</b>	

**7.** After consolidation, what was the total number of unique, **reportable** cancer cases received by your registry in 200X?

\_\_\_\_\_

**8.** What was the total number of **non-reportable** cancer cases received by your registry in 200X, **regardless of diagnosis year?**

\_\_\_\_\_

**9.** In Table 2, please estimate the overall number of your registry's total source records received in 200X (i.e., the records referenced in question 5), through each of the reporting formats/methods listed.

**\*Please note:** If you did not receive records through a specific format/method, enter 0.

**Table 2. Records Received in 200X**

Format/Method of Receipt	Number of Records
<b>9a.</b> Paper abstracts that required data entry	
<b>9b.</b> Charts/source documents sent to the CCR office to be abstracted and entered	

Table 2. Continued

Format/Method of Receipt	Number of Records
<b>9c.</b> Central registrar traveled to hospital/facility registry and abstracted records.	
<b>9d.</b> Electronic records submitted by reporting source in an e-mail attachment	
<b>9e.</b> Electronic records submitted by reporting source using an internet website	
<b>9f.</b> Electronic records submitted by reporting source on a compact disc	
<b>9g.</b> Other format/method	
<b>9gb.</b> Please specify this format/method	

### Section III: Staffing and Administration

**Questions 10 through 14:** Please answer the following questions pertaining to staffing at your registry.

**10.** Which of the following most closely approximates the job title of the person filling out this survey? **Choose the one best answer.**

- Registry Director
- Registry Manager
- Registry Supervisor
- Principal Investigator
- Data Editor

**11.** Use the following instructions to fill out Table 3.

**In columns with dates:**

Please enter the number of full-time equivalent (FTE) cancer registry positions in your registry at the **beginning** of the fiscal years indicated in Table 3. Include positions outside the registry **only** if the registry pays a portion of the salary.

**\*Please note:** Budgeted positions (11a) should be the sum of filled (11b) and vacant (11c) positions.

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**Table 3: Staff Size, Vacancies, and Turnover**

<b>Permanent FTE Cancer Registry Positions</b>	<b>Fiscal Year 200X</b>	<b>Fiscal Year 200X</b>
<b>11a.</b> Number of <b>budgeted</b> FTE positions <i>(11a = 11b + 11c)</i>		
<b>11b.</b> Number of <b>filled</b> FTE positions		
<b>11c.</b> Number of <b>vacant</b> FTE positions		

**12.** Does your registry currently employ contract staff?

- Yes
- No → **Skip to Question #15**

**13.** On what basis does your registry currently employ contract staff?

- Temporary → **Skip to Question #15**
- Permanent
- Both temporary and permanent

**14.** What is the number of permanent FTEs that is currently covered by contract staff?

\_\_\_\_\_

### **Section IV: Reporting**

**Question 15a - 15d3:** Please answer the following questions about agencies to which your registry might report.

**15.** Please tell us if your registry reports records to each of the agencies specified in questions **15a-15d**.

**15a.** Does your registry report to CDC/NPCR?

- Yes
- No

**15b.** Does your registry report to NCI/SEER?

- Yes
- No

**15c.** Does your registry report to NAACCR?

- Yes
- No

**15d1.** Does your registry report to another agency/institution that we did not mention?

- Yes
- No → **Skip to Question #16**

**15d2.** What is the name of this agency/institution?

\_\_\_\_\_

**15d3.** What is the primary format used to report to this agency/institution?

- E-mail
- Web/Internet
- Compact disc
- Other \_\_\_\_\_

## Section V. Registry Procedures

**Questions 16 through 22:** Please answer the following questions pertaining to certain procedures that may be used in your registry.

**16.** Does your registry staff do rapid case ascertainment?

- Yes
- No → **Skip to Question #18**

**17.** How frequently does your registry staff do rapid case ascertainment?

- Rarely
- Sometimes
- Often

**18.** Does your registry do active follow-up?

- Yes

- No → **Skip to Question #20**

**19.** How frequently does your registry do active follow up?

- Rarely  
 Sometimes  
 Often

**20.** How frequently does your registry receive death files?

- Monthly  
 Quarterly  
 Yearly

**21.** Central registries differ in how they manage their death clearance activities. Regardless of when or how frequently they receive death files, some may designate a specific period of months towards the end of the year for death clearance (**yearly**). Others may do death clearance more frequently throughout the year, perhaps on a **quarterly** or **monthly** basis.

How does your registry manage its death clearance activities?

- Monthly  
 Quarterly  
 Yearly

**22.** On what death certificate items does your registry do follow-back?  
**(Check all that apply)**

- Name  
 Demographics  
 Underlying cause of death  
 Multiple causes of death  
 ICD-10 codes  
 Other \_\_\_\_\_

## Section VI. Data Management and Automation

**Questions 23 through 27:** Please answer the following questions pertaining to data management software and formats used in your



**23.** What type of cancer data software does your registry use for abstracting data? **(Choose the one best answer)**

- CDC Abstract Plus and/or Web Plus
- Commercial cancer registry system vendor
- State developed or other in-house software
- Spreadsheet/database software (Examples: Excel, Access)
- Other - please specify: \_\_\_\_\_

**24.** What type of software does your registry use for data management? **(Choose the one best answer)**

- SEER\*DMS / DMS Central
- RegistryPlus
- Commercial cancer registry system vendor
- State developed or other in-house software
- Other - please specify: \_\_\_\_\_

**25.** What type(s) of software does your registry use for data analysis? **(Check all that apply)**

- SEER\*Stat
- Commercial cancer register system vendor
- State developed or other in-house software
- Commercial statistical software package (Examples: SPSS, SAS, STATA)
- Spreadsheet/database software (Examples: Excel, Access)
- Other - please specify: \_\_\_\_\_

**26.** How does your registry perform record consolidation?

- All electronic
- All manual
- Combination of electronic and manual

**27.** Who is responsible for your registry's geo-coding?

- Regular registry staff
- Contract staff
- Other - please specify: \_\_\_\_\_

## **Section VII: Staff Activities and Workload**

**Questions 28 through 30:** Please fill in the following items pertaining to the activities recorded by your staff/registrar(s) in the **Work Activities Journal**. In parenthesis next to each item in this section is a **row number**. The row numbers refer to the **rows** in the **Work Activities Journal** on which the items are found. All items are found in **column G** of the **Work Activities Journal**.

**Weekly Activities (begins with Casefinding, on row 4 of the Work Activities Journal)**

- 28a. Manual casefinding: \_\_\_\_\_ (row 5)
- 28b. Electronic casefinding: \_\_\_\_\_ (row 6)
- 28c. Abstracting at hospital/facility: \_\_\_\_\_ (row 8)
- 28d. Abstracting at central registry: \_\_\_\_\_ (row 9)
- 28e. Active follow-up: \_\_\_\_\_ (row 11)
- 28f. Passive follow-up: \_\_\_\_\_ (row 12)
- 28g. Visual editing: \_\_\_\_\_ (row 14)
- 28h. Manual case consolidation: \_\_\_\_\_ (row 15)
- 28i. Electronic case consolidation: \_\_\_\_\_ (row 16)
- 28k. Resolving EDIT reports: \_\_\_\_\_ (row 17)
- 28j. Resolving other quality control issues: \_\_\_\_\_ (row 18)

**Monthly Activities (begins with Audits, on row 21 of the Work Activities Journal)**

- 29a. Casefinding audits: \_\_\_\_\_ (row 22)
- 29b. Re-abstracting audits: \_\_\_\_\_ (row 23)
- 29c. Database management: \_\_\_\_\_ (row 25)

**Yearly Activities (begins with Training/Development, on row 27 of the Work Activities Journal)**

- 30a. Training/development of central registry staff: \_\_\_\_\_ (row 28)
- 30b. Training/development of reporting facility staff: \_\_\_\_\_ (row 29)
- 30c. Travel for registry operations: \_\_\_\_\_ (row 31)
- 30d. Travel for education/workshops/conferences: \_\_\_\_\_ (row 32)
- 30e. Death clearance matching: \_\_\_\_\_ (row 34)

30f. Death clearance follow back: \_\_\_\_\_ (row 35)

## Section VIII: Your Opinions About Cancer Registry Workload

**Questions 31 through 39:** Please answer the following questions about your current perspective regarding workload at your cancer registry.

**31.** What are your greatest concerns regarding the staffing of your registry? Please indicate the level of concern you have for each of the following items, using this scale:

1. Not concerned
2. Slightly concerned
3. Moderately concerned
4. Definitely concerned
5. Strongly concerned
6. Extremely concerned

- 31a. \_\_\_\_\_ Funding additional positions  
31b. \_\_\_\_\_ Compensating staff well enough to retain them  
31c. \_\_\_\_\_ Finding qualified staff  
31d. \_\_\_\_\_ Funds for education and training  
31e. \_\_\_\_\_ Finding adequate work space for staff

**32.** Thinking about your staff overall, what are your greatest concerns about them? Please indicate the level of concern you have for each of the following items, using this scale:

1. Not concerned
2. Slightly concerned
3. Definitely concerned
4. Moderately concerned
5. Strongly concerned
6. Extremely concerned

- 32a. \_\_\_\_\_ Adequate knowledge/skill to carry out assigned tasks  
32b. \_\_\_\_\_ Learning changes to coding requirements  
32c. \_\_\_\_\_ Learning changes to reporting requirements  
32d. \_\_\_\_\_ Motivation  
32e. \_\_\_\_\_ Work ethic  
32f. \_\_\_\_\_ Accuracy of their work  
32g. \_\_\_\_\_ Speed of their work

**33.** To what degree does your staff need additional training/continuing education in the following topics? Please indicate the degree of your staff's need for training/continuing education in each of these topic areas, using this scale:

- 1.** No need
- 2.** Slight need
- 3.** Moderate need
- 4.** Definite need
- 5.** Strong need
- 6.** Extreme need

- 33a.** \_\_\_\_\_ Collaborative Staging  
**33b.** \_\_\_\_\_ Software training  
**33c.** \_\_\_\_\_ Medical terminology  
**33d.** \_\_\_\_\_ Multiple primary/histology coding  
**33e.** \_\_\_\_\_ Anatomy and physiology  
**33f.** \_\_\_\_\_ SEER requirements  
**33g.** \_\_\_\_\_ NPCR and/or state requirements  
**33h.** \_\_\_\_\_ NCDB/CoC requirements  
**33i.** \_\_\_\_\_ General registry operations

**34.** To what degree does your staff need the following items to do a better job? Please indicate the degree to which your staff needs each of these items, using this scale:

- 1.** No need
- 2.** Slight need
- 3.** Moderate need
- 4.** Definite need
- 5.** Strong need
- 6.** Extreme need

- 34a.** \_\_\_\_\_ Computer hardware  
**34b.** \_\_\_\_\_ Computer software  
**34c.** \_\_\_\_\_ Work space  
**34d.** \_\_\_\_\_ Supervisory support  
**34e.** \_\_\_\_\_ Administrative support  
**34f.** \_\_\_\_\_ Another FTE registrar

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**35.** Are there other things we did not mention that your staff needs to do a better job?

- Yes
- No → **Skip to Question #37**

**36.** Please enter up to 3 things that your staff needs to do a better job.

**36a.** \_\_\_\_\_

**36b.** \_\_\_\_\_

**36c.** \_\_\_\_\_

**37.** Are there things that you need to do a better job?

- Yes
- No → **Skip to Question #39**

**38.** Please enter up to 3 things that you need to do a better job.


**38a.** \_\_\_\_\_

**38b.** \_\_\_\_\_

**38c.** \_\_\_\_\_

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**39.** Please provide any additional comments here.



**Thank you for participating in our survey. We appreciate your input on workload and job activities in Central Cancer Registries. Your survey responses will be used to develop workload and staffing standards for central registries, which can be used to improve working conditions for cancer registrars.**

**An electronic copy of the executive summary of our report will be e-mailed to you when the report has been completed.**