

ATTACHMENT N
Ambulatory Care Pretest

Form Approval OMB No. 0920-~~xxxx~~ Expiration date 12/31/2014

**PERFORMANCE OF COLONOSCOPY
IN THE UNITED STATES**
National Hospital Care Survey
2012 Ambulatory Surgery Patient Record

Assurance of confidentiality - All information which would permit identification of an individual, a practice, or an establishment will be held confidential; will be used for statistical purposes only by NCHS staff, contractors, and agents only when required and with necessary controls; and will not be disclosed or released to other persons without the consent of the individual or establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m) and the Confidential Information Protection and Statistical Efficiency Act (PL-107-347).

The National Institutes of Health and the Centers for Disease Control and Prevention are conducting a special survey on the performance of colonoscopy in the United States. Your answers are valuable to this study and will represent many other practices like yours. Your responses will remain confidential. We greatly appreciate your participation in our effort to learn more about this important health procedure.

1. REASON OR INDICATION FOR THE CURRENT PROCEDURE.

Mark (X) all that apply.

- | | |
|---|--|
| <p><input type="checkbox"/> Screening exam</p> <p> <input type="checkbox"/> Average risk for colorectal cancer</p> <p> <input type="checkbox"/> Family history of polyps or colorectal cancer</p> <p><input type="checkbox"/> Surveillance exam</p> <p> <input type="checkbox"/> Personal history of colorectal cancer</p> <p> <input type="checkbox"/> Personal history of polyps</p> <p> <input type="checkbox"/> High risk syndrome (Inflammatory Bowel Disease (Crohn's Disease, ulcerative colitis), Familial Adenomatous Polyposis, Hereditary Non-Polyposis Colon Cancer)</p> | <p><input type="checkbox"/> Diagnostic exam/evaluation of symptoms</p> <p> <input type="checkbox"/> Followup of positive screening test (fecal occult blood test (FOBT), fecal immunochemical test (FIT), sigmoidoscopy, barium enema, CT colonography, abdominal CT, etc.)</p> <p> <input type="checkbox"/> Evaluation of symptoms</p> <p><input type="checkbox"/> Other <input checked="" type="checkbox"/></p> <p> _____</p> <p><input type="checkbox"/> Unknown</p> |
|---|--|

2. COLONOSCOPY HISTORY

a. Before the current procedure, when was the patient's previous most recent colonoscopy performed?

Month Day Year

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- No prior colonoscopy performed - Skip to question 3
- Unknown - Skip to question 3

b. What were the findings of the last colonoscopy? Mark (X) all that apply.

- | | |
|---|---|
| <p><input type="checkbox"/> Colorectal cancer</p> <p><input type="checkbox"/> Advanced adenoma (adenoma \geq1 cm, villous histology, or highgrade dysplasia)</p> <p><input type="checkbox"/> >10 adenomas</p> <p><input type="checkbox"/> 3-10 adenomas</p> <p><input type="checkbox"/> 1-2 tubular adenomas <1 cm</p> | <p><input type="checkbox"/> Hyperplastic polyp/other non-adenoma polyp</p> <p><input type="checkbox"/> No pathology/normal</p> <p><input type="checkbox"/> Other <input checked="" type="checkbox"/></p> <p> _____</p> <p><input type="checkbox"/> Unknown histology</p> |
|---|---|

3. DEPTH OF INSERTION FOR THE CURRENT PROCEDURE

a. Measured depth _____ **cm**

Unknown

b. Anatomical segment reached

- | | |
|---|--|
| <input type="checkbox"/> Terminal ileum | <input type="checkbox"/> Descending colon |
| <input type="checkbox"/> Cecum | <input type="checkbox"/> Sigmoid colon |
| <input type="checkbox"/> Ascending colon | <input type="checkbox"/> Rectum |
| <input type="checkbox"/> Hepatic flexure | <input type="checkbox"/> Anastomosis |
| <input type="checkbox"/> Transverse colon | <input type="checkbox"/> Aborted procedure |
| <input type="checkbox"/> Splenic flexure | <input type="checkbox"/> Unknown |

c. Was the cecum reached?

- Yes - Proceed to question 3d
- No - Skip to question 3e
- Unknown - Skip to question 4

d. If cecum was reached, how was this documented?

- Landmark
- Photodocumentation
- Unknown

e. If cecum not reached, Why? Mark (X) all that apply.

- Cecal intubation not intended
- Patient intolerance
- Poor bowel preparation
- Sedation problems
- Stricture/obstruction
- Tortuous colon
- Other
- _____

Unknown

4. PATIENT'S ASA SCORE

Mark (X) one box that apply.

- 1 1 – Normal healthy patient
- 2 2 – Patient with mild systemic disease
- 3 3 – Patient with severe systemic disease
- 4 4 – Patient with severe systemic disease that is a constant threat to life
- 5 5 – Moribund patient who is not expected to survive without the operation
- 6 Unknown

5. BOWEL PREPARATION

a. Quality of the bowel preparation —

- 1 Poor
- 2 Fair
- 3 Good
- 4 Excellent
- 5 Unknown
- 6 Adequate
- 7 Inadequate
- 8 Other

b. Type of preparation —

- 1 Nulytely or similar (gallon)
- 2 Half-lytely
- 3 Osmoprep (pills)
- 4 Fleet prep kit
- 5 Other

6 Unknown

6. POLYPS

a. How many polyps were seen?

- 1 None – Skip to Item 7

b. Were all polyps removed?

- 1 Yes
- 2 No
- 3 Unknown

c. What is the size of the largest polyp?

- 1 <5 mm
- 2 5–9 mm
- 3 1.0–2.0 cm
- 4 More than 2 cm
- 5 Unknown

d. Does pathology report show?

Mark (X) all that apply.

- 1 Colorectal cancer
- 2 Advanced adenoma (adenoma ≥ 1cm, villous histology, or high-grade dysplasia)
- 3 >10 adenomas
- 4 3–10 adenomas
- 5 1–2 tubular adenomas <1 cm
- 6 Hyperplastic polyp/other non-adenoma polyp
- 7 No pathology/normal
- 8 Other

9 Unknown histology

7. FOLLOW-UP RECOMMENDATIONS

a. What is the recommended follow-up?

- 1 Colonoscopy
- 2 Other

3 None

b. What is the recommended follow-up interval?

- 1 No follow-up recommended
- 2 ≤1 year
- 3 2–3 years
- 4 4–5 years
- 5 6–9 years
- 6 10 or more years
- 7 Unknown interval
- 8 Other

c. Does the follow-up recommendation precede the pathology report?

- 1 Yes
- 2 No
- 3 Unknown

Notes