**Attachment 9**

**Document Review Form for Case Studies**

**CRCCP Case Studies: Document Review Form**

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| **I. Document Info** | |
| State name |  |
| Document name/date |  |
| Date reviewed |  |
| Reviewer’s initials |  |
| **II. History/Background of the Program** | |
|  | |
| **III. Description of Current Activities** | |
| **Screening promotion** | *Description of activities and partnership (e.g. promotion of patient navigation)* |
| **Screening provision** | *Description of activities and partner involvement if appropriate Type (convene MAB, recruit for screening, enroll in insurance programs, etc.)* |
| **Policy change** | *Description of activities* |
| **Data collection and evaluation** | *Description of activities* |
| **Program integration** | *Description of activities* |
| **Healthcare reform** | *Description of activities* |
| **FOBT/FIT** | *Description of strategies to implement, measures of effectiveness, brand of test, other related information* |
| **Challenges encountered** | *Description of activity, challenge and how handled* |
| **Facilitators encountered** | *Description of activity, facilitator and how it helped* |
| **IV. Description of Planned Activities** | |
| **Screening promotion** | *Description of activities and partnership (e.g. promotion of patient navigation)* |
| **Screening provision** | *Description of activities and partner involvement if appropriate Type (convene MAB, recruit for screening, enroll in insurance programs, etc.)* |
| **Policy change** | *Description of activities* |
| **Data collection and evaluation** | *Description of activities* |
| **Program integration** | *Description of activities* |
| **Healthcare reform** | *Description of activities* |
| **FOBT/FIT** | *Description of strategies to implement, measures of effectiveness, brand of test, other related information* |
| **Challenges anticipated** | *Description of activity, challenge and how handled* |
| **Facilitators anticipated** | *Description of activity, facilitator and how it helped* |
| **V. Additional Notes** | |
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