ATTACHMENT 4c

Provider Survey:

Paper, English

**Section 1: Prostate Cancer Screening Practices**

First, please tell us about your screening practices for prostate cancer.

1. Which approach best describes your practice regarding prostate cancer screening with age-appropriate men who have no other risk factors and are otherwise candidates for screening? (Check one)
   * I generally order the PSA test without discussing the possible harms and benefits with the patient.
   * I generally discuss the possible harms and benefits of screening with the patient, and then recommend the test.
   * I generally discuss the possible harms and benefits of screening with the patient, and then let him decide whether or not to have the test.
   * I generally discuss the possible harms and benefits of screening with the patient, and then recommend against the test.
   * I generally do not order the PSA test nor discuss the possible harms and benefits with the patient.
   * Other (please specify)

**Section 2: Attitudes Toward Prostate Cancer Screening**

We would like to know your views on prostate cancer screening. Some of these statements are about prostate cancer screening in general, while others ask specifically about prostate specific antigen (PSA).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Select one response for each statement | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
| 1. The benefits of prostate cancer screening outweigh the risks. |  |  |  |  |  |
| 1. Discussing harms and benefits of prostate cancer screening causes unnecessary anxiety in my patients. |  |  |  |  |  |
| 1. I do not have time to discuss the harms and benefits of prostate cancer screening with my patients. |  |  |  |  |  |
| 1. Patients have a right to know the implications of prostate cancer screening before they are screened. |  |  |  |  |  |
| 1. Patients should be told that it has yet to be proven that prostate cancer screening saves lives. |  |  |  |  |  |
| 1. I have lost patients to prostate cancer who might have been saved if they had been screened with PSA. |  |  |  |  |  |
| 1. I have lost close family members or friends to prostate cancer. |  |  |  |  |  |
| 1. There have been times when I have regretted ordering a PSA test for a patient. |  |  |  |  |  |
| 1. I have wondered if treatment for prostate cancer is worth it for some patients. |  |  |  |  |  |
| 1. There is no need to educate patients about prostate cancer screening because in general they want to be screened. |  |  |  |  |  |
| 1. My patients frequently request the PSA test. |  |  |  |  |  |
| 1. There is clear evidence that prostate cancer screening saves lives. |  |  |  |  |  |
| 1. My clinical experience is more important than research studies in how I handle screening. |  |  |  |  |  |
| 1. The scientific evidence does not support routine screening for prostate cancer. |  |  |  |  |  |
| 1. Prostate cancer screening is a standard of care in my community. |  |  |  |  |  |
| 1. I would describe myself as someone who practices evidence-based medicine. |  |  |  |  |  |
| 1. Not ordering a PSA test puts a physician at risk for malpractice liability. |  |  |  |  |  |

**Section 3: Demographic Characteristics**

Finally, tell us about yourself and your practice.

1. Total years in practice: \_\_\_\_ years
2. Sex:
   * Male
   * Female
   * I prefer not to say
3. Practice type: (Select all that apply)
   * Solo practice
   * Two-person partnership
   * Family practice group
   * Multispecialty group
   * Academic practice (residency program, faculty practice)
   * Other (please specify)

Thank you for your time.