

ATTACHMENT 4D

Provider Survey: Online, English

Public reporting burden of this collection of information is estimated to average 10 minutes 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-####).

Consent Statement

You are being asked to participate in this survey because you are a provider at [NAME OF CLINIC]. The purpose of this survey is to gather information about your attitudes toward prostate cancer screening and current practices.

Who is sending this survey? ICF is a consulting firm that is working with the Division of Cancer Prevention and Control (DCPC) at the Centers for Disease Control and Prevention (CDC).

How long will the survey take? This survey will take no longer than 10 minutes. Your participation in this study is 100% voluntary which means you can choose whether you want to complete this survey.

What are the risks and benefits of doing the survey? As a respondent to this survey, there is a minimal risk related to your privacy and/or confidentiality, but steps have been taken to remove your personal information so that you cannot be identified. Only members of the survey team will have access to this information. Remember, your participation is completely voluntary.

How will my information be shared outside of the study? Your personal responses will not be shared outside of the study. Summaries of survey results that are not linked to your name or clinic will be shared with CDC and/or may be published in a professional journal.

Who do I call about problems or questions? If you have questions about or concerns about your participation in this project, please contact the ICF project manager - Danielle Nielsen at Danielle.Nielsen@icf.com. For questions regarding your rights as a study participant, you can contact ICF's Institutional Review Board (IRB) representative Christine Walrath at (646) 695-8154 or Christine.Walrath@icf.com. Further, you may contact the CDC point of contact, David Siegel at irn3@cdc.gov, for more information about this study and how CDC may use the results.

If you agree to participate in this study, please click "Begin Survey."

If you do not agree to participate, please click, "I decline."

☐ Begin survey

☐ I decline

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)

Public reporting burden of this collection of information is estimated to average 10 minutes 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-####).

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.	☐	☐	☐	☐	☐
2. Discussing harms and benefits of prostate cancer screening causes unnecessary anxiety in my patients.	☐	☐	☐	☐	☐
3. I do not have time to discuss the harms and benefits of prostate cancer screening with my patients.	☐	☐	☐	☐	☐
4. Patients have a right to know the implications of prostate cancer screening before they are screened.	☐	☐	☐	☐	☐
5. Patients should be told that it has yet to be proven that prostate cancer screening saves lives.	☐	☐	☐	☐	☐
6. I have lost patients to prostate cancer who might have been saved if they had been screened with	☐	☐	☐	☐	☐

PSA.

7. I have lost close family members or friends to prostate cancer.	☐	☐	☐	☐	☐
8. There have been times when I have regretted ordering a PSA test for a patient.	☐	☐	☐	☐	☐
9. I have wondered if treatment for prostate cancer is worth it for some patients.	☐	☐	☐	☐	☐
10. There is no need to educate patients about prostate cancer screening because in general they want to be screened.	☐	☐	☐	☐	☐
11. My patients frequently request the PSA test.	☐	☐	☐	☐	☐
12. There is clear evidence that prostate cancer screening saves lives.	☐	☐	☐	☐	☐
13. My clinical experience is more important than research studies in how I handle screening.	☐	☐	☐	☐	☐
14. The scientific evidence does not support routine screening for prostate cancer.	☐	☐	☐	☐	☐
15. Prostate cancer screening is a standard of	☐	☐	☐	☐	☐

care in my community.					
-----------------------	--	--	--	--	--

16. I would describe myself as someone who practices evidence-based medicine.	☐	☐	☐	☐	☐
---	-----------------------	-----------------------	-----------------------	-----------------------	-----------------------

17. 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:

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.

If you have questions regarding this survey, please contact the ICF project manager – Danielle Nielsen at Danielle.Nielsen@icf.com.

