Form Approved
OMB No. 0920-0760
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Attachment 1

NPCR Program Evaluation Instrument

Purpose Statement

The NPCR Program Evaluation Instrument (PEI) is a web-based survey instrument designed to evaluate NPCR-funded registries' operational attributes and their progress towards meeting program standards. The PEI also provides information about advanced activities and "Survey Feedback" assists CDC in improving the survey instrument.

Based on CDC's Updated Guidelines for Evaluating Public Health Surveillance Systems, the PEI monitors the integration of surveillance, registry operations and health information systems, the utilization of established data standards, and the electronic exchange of health data. Data provided by this report can be used for public health action, program planning and evaluation, and research hypothesis formulation.

Specific knowledge about operational activities in which NPCR registries are engaged is used to provide valuable insight to CDC regarding programmatic efficiencies/deficiencies that have contributed to the success/challenges of the NPCR. The results of this instrument inform CDC and NPCR Program Consultants where technical assistance is most needed in order to continue to improve and enhance the NPCR.

Many of the questions in the 2026 PEI provide baseline data that can be used to measure compliance with the NPCR Program Standards. These questions, and the standard they reference, are noted throughout the instrument (e.g., "Program Standard I. a.") Using all available information as of December 31, 2025, the appropriate Central Cancer Registry (CCR) staff should complete the PEI.

Deadline for completion: XXXX, XX, XXXX

_____

Disclosure

The National Program of Cancer Registries (NPCR)
Program Evaluation Instrument (PEI)

Note: Please update to reflect Registry Status as of December 31, 2025.

Notes: All questions require an answer with the exception of comments, questions, and those indicated as optional.

○	Indicates user can select only one answer.
☐	Indicates user can select more than one answer.
_____	Indicates user may enter text/number.
Large Box Response	Indicates long description as response.

ADMINSTRATIVE DATA

State/Territory	
NPCR Reference Year	
Registry Reference Year	
Registry Program Director	
DP22-2202 Cooperative Agreement Number (Example: NU58DP00XXXX)	
Award Amount (Refer to Notice of Award (NoA))	
CDC Program Consultant	
Your Name	
Title	
Phone Number	
Date Completed	
Email	

STAFFING

The following two questions use the concept of a *Full-time Equivalent* or FTE. For each question, report the total number of filled and vacant FTEs. Use the FTE guidelines below to convert positions to the appropriate FTE. Please round each position to the nearest quarter of an FTE. For example, 34 hours/week converts to 0.75 FTE, whereas 35 hours/week converts to 1.0 FTE.

FTE Guidelines:
0.25 FTE = 10 hours/week
0.50 FTE = 20 hours/week
0.75 FTE = 30 hours/week
1.00 FTE = 40 hours/week

1. **Indicate the number of filled and vacant FTEs by funding category as of December 31, 2025.** You may include positions outside the registry ONLY if the registry pays a portion of the salary. To compute partial FTEs, please follow the FTE guidelines.

	Total Count FTEs	
Funding Category	**Filled**	**Vacant**
Number of NPCR-funded, non-contracted FTE positions	_____	_____
Number of NPCR-funded, contracted FTE positions	_____	_____
Number of state-funded, non-contracted FTE positions	_____	_____
Number of state-funded, contracted FTE positions	_____	_____
Number of non-contracted FTE positions funded by other sources	_____	_____
Number of contracted FTE positions funded by other sources	_____	_____

2. **Indicate the number of filled and vacant FTEs by position as of December 31, 2025.**
You many include time contributed by non-registry staff (i.e., chronic disease epidemiologist), regardless of funding, in your total FTE count. To compute partial FTEs, please follow the FTE guidelines.
Note: ODS credentials may be held by several registry positions and should be counted accordingly.

Position	**Total Count FTEs**	
	Filled	**Vacant**
Principal Investigator	_____	_____
Program Director	_____	_____
Program Manager	_____	_____
Grants Manager or Budget Analyst	_____	_____
ODS Quality Control Staff	_____	_____
Non-ODS Quality Control Staff (i.e., registrar)	_____	_____
ODS Education/Training Staff	_____	_____
Epidemiologist or Data Analyst	_____	_____
Statistician	_____	_____
IT Staff	_____	_____
GIS Specialist	_____	_____
Other Staff, specify: _____	_____	_____
Total Number of Staff	_____	_____
Total Number ODS (of total number of staff)	_____	_____

Staffing Comments
You may add comments regarding your responses in the “Staffing” section above.

LEGISLATIVE AUTHORITY

3. Have any law/regulations been revised to address cancer reporting (including electronic reporting) in the past two years?

- o Yes, please describe: _____
- o No

Electronic reporting is defined as the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It collects and transfers data from source documents by hospitals, physician offices, clinics, or laboratories in a standardized, coded format that does not require manual data entry at the CCR level to create an abstracted record.

Legislative Authority Comments
You may add comments regarding your responses in the “Legislative Authority” section above.

ADMINISTRATION AND OPERATIONS

4. NPCR program standards specify maintaining an operations manual that describes registry operations, policies, and procedures. As of December 31, 2025, what did your CCR operations manual contain? **Check all that apply.**

	Yes	No
1. Reporting laws/regulations	•	•
2. List of reportable diagnoses	•	•
3. List of required data items	•	•
4. Procedures for data processing operations, including:		
a. Monitoring timeliness of reporting	•	•
b. Receipt of data	•	•
c. Database management, including a description of the registry operating system (software)	•	•
d. Conducting death clearance	•	•
e. Implementing and maintaining the quality assurance or quality control program	•	•
f. Conducting data exchange, including a list of states with which case-sharing agreements are in place	•	•
g. Conducting data linkages	•	•
h. Ensuring confidentiality and data security, including disaster planning	•	•
i. Data release, including access to and disclosure of information	•	•
j. Maintaining and updating the operations manual	•	•
5. Reports that cover processes and activities to monitor the registry operations and database	•	•
6. Manuals used by reporting sources that abstract and report cancer cases	•	•

5. As of December 31, 2025, what reports did the CCR produce to monitor registry operations, processes, and activities? **Check all that apply.**

- € Quality control report (facility)
- € Data completeness report (facility)
- € Timeliness of data report (facility)
- € Management reports
- € Operations calendar
- € Other, specify: _____
- € None of the above

Administration and Operations Comments
You may add comments regarding your responses in the "Administration and Operations" section above.

REPORTING COMPLETENESS

6. **In the table below, record the number, by type, that are reporting to the registry and the number that are reporting electronically as of December 31, 2025.** Please note instructions and definitions below.

- Hospitals with a cancer registry (non-federal) (non-CoC) do not include CoC hospitals. For example, a state/territory with 3 CoC hospitals and 2 non-CoC hospitals with a cancer registry (non-federal) would record 2 hospitals with a cancer registry (non-federal) (non-CoC) in "Number Reporting to the Registry (Denominator)" and 3 CoC hospitals in "Number Reporting to the Registry (Denominator)".
- For physician offices, use the counting method in the table below that aligns with the registry's own method for defining and tracking physician reporting.
- For types of Hospitals & Offices and Pathology Laboratories in the table below that are not applicable to your state/territory (for example, IHS hospitals), please record zero (0) in "Number Reporting to the Registry" and record zero (0) in "Number Reporting Electronically".

	Number Reporting to the Registry (Denominator)	Number Reporting Electronically (Numerator)	Percentage:
HOSPITALS & OFFICES			
Hospitals with a cancer registry (non-federal) (non-CoC)			
Hospitals without a cancer registry (non-federal)			
CoC hospitals			
VA hospitals			
IHS hospitals			
Tribal hospitals			
Physician offices			
PATHOLOGY LABORATORIES			
In-state independent labs			
Out-of-state independent labs			
Other, specify: _____			
TOTAL (Hospitals & Offices, Pathology Laboratories)			

Hospital cancer registry is defined as a single or joint institution that collects data to be used internally and that would continue to do so regardless of the central cancer registry requirements to collect and report cancer data.

Electronic reporting is defined as the automated, real-time exchange of case report information between electronic health records (EHRs) and public health agencies. It collects and transfers data from source documents by hospitals, physician offices, clinics, or laboratories in a standardized, coded format that does not require manual data entry at the CCR level to create an abstracted record.

7. Please indicate how the following factors influenced the completeness and timeliness of your CCR's 12-month data submission **(select one per item)**:

	Contributing factor	**Negative factor**	**Both contributing and negative factor**	**Factor is not applicable at this registry**
Laws and rules	O	O	O	O
Fines and penalties	O	O	O	O
Outsources and contracting	O	O	O	O
Interstate data exchange	O	O	O	O
Other factors, specify: _____	O	O	O	O

Non-Analytic Cases

8. Do you require that non-analytic cases (classes 30-38) cases be reported to the CCR?

- o Yes
- o No

Department of Defense's Automated Central Tumor Registry (ACTUR)

9. On average, how many cases per diagnosis year do you estimate your CCR receives from the **DoD's ACTUR** dataset? **(enter "0" if none)** _____

Veterans Affairs (VA)

10a. On average, how many cases per diagnosis year do you estimate your CCR receives directly from the **VA Central Cancer Registry** in your state? **(enter "0" if none)** _____

10b. How many VA facilities currently report to your CCR indirectly from the **VA Central Cancer Registry in Washington, DC**? **(enter "0" if none)** _____

11. On average, how many cases per diagnosis year do you estimate are missed (i.e., never received) by your CCR because of non-reporting by VA facilities? **(enter "0" if none)** _____

Industrial or Occupational History Data

12a. From what sources are you able to routinely collect data on industrial or occupational history (without seeking additional data sources for only these variables)? **Check all that apply.**

- € Administrative records (i.e., billing or claims databases, or patient forms that are not part of the medical record)
- € Medical records
- € Death certificate linkages
- € Other, specify: _____
- € Do not collect information on industrial or occupational history

12b. Do you conduct any <u>additional</u> activities (i.e., linkages with external databases) to collect or improve upon industrial or occupational history information?

- o No
- o Yes, please describe: _____

Reporting Completeness Comments

You may add comments regarding your responses in the “Reporting Completeness” section above.

ELECTRONIC DATA EXCHANGE

Data Exchange Format

13. Does your CCR use and require the following standardized, CDC-recommended data exchange formats for the electronic exchange of cancer data from reporting sources:

a. Hospital Reports (The NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary)?

- o Yes
- o No

b. Pathology Reports (NAACCR Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting)?

- o Yes
- o No
- o Not Applicable, not receiving electronic pathology reports

c. Ambulatory healthcare providers using electronic health records (Implementation Guide for Ambulatory Healthcare Provider Reporting to Central Cancer Registries)?

- o Yes
- o No
- o Not Applicable, not receiving Ambulatory healthcare provider reports

Interstate Data Exchange

14. Do your interstate data exchange procedures meet the following minimum criteria?

a. Within 12 months of the close of the diagnosis year, your CCR exchanges that year's data with other central cancer registries where a data-exchange agreement is in place:

- o Yes
- o No

b. Your CCR collects data on all patients diagnosed and/or receiving first course treatment in your registry's state/territory regardless of residency:

- o Yes
- o No

c. The recommended frequency of data exchange is at least two times per year. Your CCR exchanges data at the following frequency:

- o Annually
- o Biannually (two times per year)
- o Other, specify _____

d. Exchange agreements are in place with other central cancer registries:

- o Yes, with all bordering CCRs plus other non-adjacent CCRs

- o Yes, with all bordering CCRs but no others
- o Yes, with some bordering CCRs
- o Yes, includes National Interstate Exchange Agreement
- o No, no exchange agreements in place with neighboring states, but some are in place with non-neighboring states
- o No, no exchange agreements in place

List all existing CCR agreements here: _____
_____

e) What type of records do you transmit for interstate exchange?

- o Consolidated cases
- o Source records with text
- o Source records without text

f) Does it include all cases not exchanged previously?

- o Yes
- o No

g) Do the interstate data exchange files include the minimum data items specified in the current Interstate Data Exchange Guidelines?

- o Yes
- o No

h) Do 99% of data submitted to other states pass an NPCR-prescribed set of standard edits?

- o Yes
- o No

i) Is the standardized, NPCR-recommended data exchange format used to transmit data to other central cancer registries and CDC (The current NAACCR data exchange format specified in Standards for Cancer Registries Volume II: Data Standards and Data Dictionary):

- o Yes
- o No

15. What type(s) of secure encrypted web-based system is used for sending or receiving cases through interstate data exchange? **Check all that apply**.

- € Secure FTP
- € Web Plus
- € HTTPS
- € N-IDEAS
- € Secure encrypted email
- € Other, specify: _____

Data Exchange Comments

You may add comments regarding your responses in the "Data Exchange" section above.

DATA CONTENT AND FORMAT

16. Is your CCR able to receive secure, encrypted cancer abstract data from reporting sources electronically?

- o Yes
- o Currently being developed and/or implemented
- o No, not able to receive

17. What is the primary software system used to process and manage cancer data in your CCR? **Check only one.**

- o CRS Plus
- o SEER DMS
- o In-House Software
- o Rocky Mountain Cancer Data Systems
- o Other, specify: _____

18. Which of the following Registry Plus programs do you use? **Check all that apply**.

- € Abstract Plus
- € Prep Plus
- € CRS Plus
- € Link Plus
- € Web Plus
- € Exchange Plus
- € eMaRC Plus (ePath Reporting Module only)
- € eMaRC Plus (Physician Reporting Module only)
- € eMaRC Plus (Both ePath and Physician Reporting Modules)
- € None of the above

Data Content and Format Comments

You may add comments regarding your responses in the "Data Content and Format" section above.

DATA QUALITY ASSURANCE

19. Please respond to the following statements about your CCR's quality assurance program. **Check all that apply.**

	Yes	No
A designated ODS is responsible for the quality assurance program	•	•
Qualified, experienced ODS staff conduct quality assurance activities	•	•
A designated ODS education/training coordinator provides training to CCR staff and reporting sources to ensure high quality data	•	•
At least once every 5 years, case-finding and/or re-abstracting audits from a sampling of source documents are conducted for each hospital-based reporting facility. This may include external audits (NPCR/SEER)	•	•
Data consolidation procedures are performed consistently from all source records	•	•

20. In the past year, which of the following type of quality control audits or activities did your CCR conduct? Definitions below for reference. **Check all that apply.**

- € Case finding
- € Re-abstracting
- € Re-coding
- € Visual editing and/or visual review
- € Data item consolidation
- € Other, specify: _____

Case finding is defined as the process of identifying all cases to be included in the registry's database.
Re-abstracting is defined as use of source record(s) to abstract and compare results.
Re-coding is defined as use of the submitted abstract's text information to assign codes and compare results.
Visual editing/visual review is defined as visual comparison of coded fields to text.
Data item consolidation is defined as combining data from multiple sources to produce a single 'best' value for data items.

21. How often does your CCR provide feedback to reporting facilities on the quality, completeness, and timeliness of their data?

- o Quarterly
- o Every six months
- o Annually
- o Other, specify: _____

Record Consolidation

22. Does your CCR perform record consolidation on the following?

Data Group	Electronic	Manual	Both	Neither
Patient	O	O	O	O
Treatment	O	O	O	O
Follow-up	O	O	O	O

Death Clearance

23. Although death certificate processes require matches on all underlying causes of death, does your CCR match all causes of death against your registry data to identify a reportable cancer?

- o Yes
- o No

24. During the death certificate linkage, does your CCR match by tumor (site/histology) and not just by patient identifying information?

- o Yes
- o No

25a. Does your CCR update the CCR database following death certificate matching within 3 months of linkage?

	Yes	**No**
Death information (vital status and cause of death)	O	O
Missing demographic information	O	O

25b. If yes, what percentage(s) of the updates are performed manually or electronically? (Provide best estimate. There may be some overlap between automation and manual review.)

	Manually (%)	**Electronically (%)**
Death information:	_____	_____
Demographic information:	_____	_____

Edits

26a. After your CCR provides an edit set to reporting facilities and/or vendors to use before data submission, does your CCR require facilities to run edits before they submit their data to the registry?

- o Yes
- o No
- o Other, specify: _____

26b. Please choose the option below that most accurately represents your CCR's established threshold for percent of records passing edits.

- o 100%
- o 90% or greater
- o 80% or greater
- o Less than 80%
- o Other, specify: _____

Linkages

27. NPCR program standards specify performing National Death Index (NDI) linkage on an annual basis**.**

How often does your CCR link to the NDI? **Check only one.**

- o Annually
- o Biannually (two times per year)
- o Every other year
- o Other, specify: _____

28. For which of the following has the NDI linkage proven to be useful? **Check all that apply.**

- € Survivorship
- € Data quality
- € Research
- € Other, specify: _____
- € Not applicable

29. Which databases did your CCR link records in 2024-2025 for follow-up or some other purpose? **Check all that apply.**

- € All Payer Claims Database (APCD)
- € CDC's National Breast and Cervical Cancer Early Detection Program (NBCCEDP)
- € CDC's Colorectal Cancer Control Program (CRCCP)
- € Department of Motor Vehicles (DMV)
- € Department of Voter Registration
- € Hospital Disease Indices
- € Hospital Discharge Database
- € Hospital Radiation Therapy Dept.
- € Indian Health Service (IHS)
- € Insurance Claim Databases (i.e., BCBS, Kaiser, Managed Care Organization, fee-for-service)
- € Medicaid
- € Medicare (Health Care Financing Administration)
- € Medicare Physician Identification and Eligibility Registry
- € National Death Index (NDI)
- € State Vital Statistics
- € Social Security
- € Other, specify: _____
- € None

Data Quality Assurance Comments

You may add comments regarding your responses in the "Data Quality Assurance" section above.

DATA USE

Please respond to the following two statements describing your CCR's 12-month and 24-month data use:

30. Within 12 months of the end of the diagnosis year, with data that are 90% complete, does your CCR produce:

	Yes	No
An **electronic data file** of incidence counts, rates, or proportions by SEER site groups?	O	O
A **report** of incidence counts, rates, or proportions by SEER site groups?	O	O

31. Within 24 months of the end of the diagnosis year, with data that are 95% complete, does your CCR produce:

	Yes	No
Reports on **age-adjusted incidence** and **mortality rates** using SEER site groups? Age, sex, race, ethnicity, and geographic area are stratified where applicable.	O	O
Biennial reports on **stage** and **incidence by geographic area**, emphasizing screening-amenable cancers and cancers associated with modifiable risk factors?	O	O

32. Indicate which cancer screening and/or cancer-related risk factors were covered in the CCR's reports **Check all that apply.**

- € Alcohol consumption
- € Physical inactivity
- € Nutrition
- € Tobacco use
- € Obesity
- € HPV vaccination
- € Other, specify: _____

33. Indicate the most recent diagnosis year an electronic data file or report was made available to the public:

Year: _____

34a. Indicate the number of times between January 1, 2025, to December 31, 2025, the CCR, state health department, or its designee used registry data in each category to understand the cancer burden in support of cancer prevention and control priorities. **Please provide best estimate. Enter '0' if not applicable.**

Data Use Category	Number per Year
Comprehensive Cancer Control detailed incidence/mortality estimates	_____
Detailed incidence/mortality by stage and geographic area	_____

Collaboration, as defined in DP22-2202, with cancer screening programs for breast, colorectal, and cervical cancer	_____
Health event investigation(s) (i.e., cancer cluster investigations)	_____
Needs assessment/program planning (i.e., Community Cancer Profiles)	_____
Program evaluation	_____
Epidemiologic studies	_____
Survivorship programs	_____
Other, specify: _____	_____

34b**.** Have any of the above uses of data been included in a journal publication in the last two years?

- o Yes
- o No

35. Between January 1, 2025, to December 31, 2025, which data use activities did the CCR participate in? **Check all that apply.**

- € Created written publications (i.e., journal articles, annual report, other reports)
- € Updated website
- € Shared oral or poster presentation(s) at local or national conference
- € Released data file
- € Held education or training meeting
- € Issued press releases or statements
- € Created or updated data dashboard, map, or other data visualization
- € None of the above
- € Other, specify: _____

36. Between January 1, 2025, to December 31, 2025, in what ways did your CCR use U.S. Cancer Statistics (USCS) data? **Check all that apply.**

- € Written publications (i.e., journal articles, annual report, other reports)
- € Oral or poster presentation(s) at local or national conference
- € CCR's data dashboard, map, or other data visualization
- € Collaborative activities with NBCCEDP, NCCCP, and/or chronic disease partners
- € Health event investigations (i.e., cancer cluster investigations)
- € Needs assessments/program planning (i.e., Community Cancer Profiles)
- € Analyses or studies (i.e., epidemiologic studies, survival analyses, clinical studies, comparative analyses)
- € Program evaluation
- € Routine data requests
- € USCS data was not used between January 1, 2025, to December 31, 2025
- € Other, specify: _____

Data Use Section Comments

You may add comments regarding your responses in the “Data Use” section above.

COLLABORATIVE RELATIONSHIPS

Advisory Committee

37a. As of December 31, 2025, has your CCR established and regularly convened an advisory committee to assist in building consensus, cooperation, and planning for the registry?

- o Yes
- o No

37b. The advisory committee includes representation from: **Check all that apply.**

- € American Cancer Society
- € American College of Surgeons
- € Vital statistics
- € Hospital cancer registrars (ODS)
- € Laboratory personnel
- € Cancer survivors
- € Researchers
- € Pathologists
- € Medical/Radiation oncologists
- € Other specialty physicians (i.e., dermatologists, gastroenterologists, urologists, etc.)
- € Representatives from cancer prevention and control programs
- € Other, specify: _____

37c. How often does the advisory committee convene? **Check only one.**

- o Quarterly
- o Biannually
- o Annually
- o Other, specify: _____

Cancer & Other Chronic Disease Programs

38. In what ways does your CCR collaborate with your state's National Breast and Cervical Cancer Early Detection Program (NBCCEDP), National Comprehensive Cancer Control Program (NCCCP), and other chronic disease programs? **Check all that apply.**

- € Provide assistance in staging NBCCEDP cases
- € Regular meetings with NBCCEDP, NCCCP, and chronic disease
- € Provide trainings to NBCCEDP, NCCCP, and chronic disease
- € Provide data to NBCCEDP, NCCCP, and chronic disease
- € Provide material for publications to NBCCEDP, NCCCP, and chronic disease
- € Provide subject matter expertise or technical assistance to NBCCEDP, NCCCP, and chronic disease
- € Data linkage
- € Partner on collaborative projects
- € Other, specify: _____
- € None of the above, Explain: _____

Health Department

39. With which other Department of Health programs does your CCR collaborate? **Check all that apply.**

- € Asthma
- € Diabetes
- € Environmental Health
- € Heart Disease and Stroke Prevention
- € Infectious Disease (HIV, AIDS, HPV, Hepatitis)
- € Immunization
- € Oral Health
- € Physical Activity and Nutrition/ Obesity
- € Radiation Control
- € Tobacco Control
- € Other, specify:_____

Collaborative Relationships Section Comments
You may add comments regarding your responses in the "Collaborative Relationships" section above.

OTHER SURVEILLANCE ACTIVITIES

40. If your CCR receives electronic pathology reports, in which format are these received? **Check all that apply.**

- o NAACCR, HL7 Format (Volume V), Version 2.x
- o NAACCR, Pipe Delimited Format (Volume V), Version 2.x
- o NAACCR, HL7 Format (NAACCR Volume II, Version 11, Chapter VI)
- o NAACCR, Pipe Delimited Format (NAACCR Volume II, Version 10, Chapter VI)
- o Other, specify: _____
- o Not applicable

41. For which of the following cancer surveillance needs has your CCR been in contact with your Health Department's infectious disease program staff? **Check all that apply.**

- € Pathology laboratory reporting
- € Physician disease reporting
- € Other healthcare data reporting, specify: _____
- € None of the above

42. Which of these did the CCR conduct in the past year (January 1, 2025 – December 31, 2025)? **Check all that apply.**

- € Survival analysis
- € Quality of care study
- € Cancer cluster investigation
- € Clinical study
- € Geocoding

- € Research published in peer reviewed journals using registry data
- € Created data dashboard, map, or other data visualization
- € Other innovative uses of registry data, specify: _____
- € None of the above

43. Does your registry have a system in place for early case capture (rapid case ascertainment)?

- o Yes
- o No

44a. If yes, is early case capture performed for:

- o All cases
- o Subset of cases (i.e., pediatric cancer), specify: _____
- o Special studies
- o Other, specify: _____

44b. If yes, within what time frame are cases reported?

- o 30 days
- o 60 days
- o Study dependent, specify: _____
- o Other, specify: _____

Other Surveillance Activities Section Comments

You may add comments regarding your responses in the “Other Surveillance Activities” section above.

SURVEY FEEDBACK

45. Please indicate your experience completing the 2026 NPCR Program Evaluation Instrument:

a. All or most of the questions are clearly stated.

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

b. I understand the importance of all or most of the questions.

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

c. I consider the time spent completing the instrument to be a worthwhile contribution to NPCR and the cancer surveillance community.

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

d. Our registry uses the data collected in this instrument.

○ Strongly Agree ○ Agree ○ Neutral ○ Disagree ○ Strongly Disagree

46. I would like to participate in discussions regarding the NPCR Program Evaluation Instrument.

o Yes; provide name, email, phone number_____
o No

47. I have the following suggestions or revisions to the NPCR Program Evaluation Instrument:

Thank you for your participation!