

LYC Workshop Questionnaire

1. How familiar are you with guidelines your organization has in place for colorectal cancer (CRC) screening? Rate on a scale of 1 to 10, where 1=not familiar at all and 10=extremely familiar.

Not familiar at all					Extremely familiar				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How familiar are you with educational materials about CRC screening currently available to your clinic’s patients? Rate on a scale of 1 to 10, where 1=not familiar at all and 10=extremely familiar.

Not familiar at all					Extremely familiar				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In the last month, what percent of your conversations with patients were on the topic of CRC screening? These could include topics like the need to screen, patient concerns, need for information, scheduling, or others. Please select one response in each column.

	Initiated by the patient	Initiated by you
0-25%	<input type="checkbox"/>	<input type="checkbox"/>
26-50%	<input type="checkbox"/>	<input type="checkbox"/>
51-75%	<input type="checkbox"/>	<input type="checkbox"/>
76-100%	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>

4. How comfortable are you in engaging patients on the following topics related to CRC screening? Rate on a scale of 1 to 10, where 1=not comfortable at all and 10=extremely comfortable.

	Not comfortable at all					Extremely comfortable				
	1	2	3	4	5	6	7	8	9	10
Necessity to undergo CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRC screening options (FIT, FOBT, colonoscopy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic’s scheduling availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic’s special accommodations availability (e.g., transport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient’s concerns about test preparations or complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient’s fears about the test and/or its outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient’s concerns about out-of-pocket costs associated with screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (write in) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note: If answers to question 4 are <5 in any row, please answer 4a. Otherwise, skip to question 5.

- 4a. Please provide up to 3 reasons for lack of comfort in discussing CRC screening with patients.

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5. How prepared are you to address patient questions on the following topics related to CRC screening? Rate on a scale of 1 to 10, where 1=not prepared at all and 10=extremely prepared.

	Not prepared at all					Extremely prepared				
	1	2	3	4	5	6	7	8	9	10
Necessity to undergo CRC screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRC screening options (FIT, FOBT, colonoscopy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic's scheduling availability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinic's special accommodations (e.g., transport)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient's concerns about test preparations or complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient's fears about the test and/or its outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient's concerns about out-of-pocket costs associated with screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (write in) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What are the top 3 barriers to CRC screening that **you have identified** among your patients?

7. What are the top 3 barriers to CRC screening that **you find difficult to overcome** with your patients?

8. How prepared are you to overcome barriers patients may mention regarding CRC screening? Rate on a scale of 1 to 10, where 1=not prepared at all and 10=extremely prepared.

Not prepared at all					Extremely prepared				
1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. In the last month, what percent of your conversations with patients about CRC screening resulted in the screening getting scheduled and/or completed? Please select one response in each column.

	CRC screening scheduled	CRC screening completed
0-25%	<input type="checkbox"/>	<input type="checkbox"/>
26-50%	<input type="checkbox"/>	<input type="checkbox"/>
51-75%	<input type="checkbox"/>	<input type="checkbox"/>
76-100%	<input type="checkbox"/>	<input type="checkbox"/>
Unsure	<input type="checkbox"/>	<input type="checkbox"/>

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10. How much do you agree with the statements below? Rate on a scale of 1 to 10, where 1=strongly disagree and 10=strongly agree.

	Strongly disagree					Strongly agree				
	1	2	3	4	5	6	7	8	9	10
I have the knowledge to educate my patients on the basics of colorectal cancer (CRC) screening, including appropriate age to start screening and types of screening tests available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the skills to assist patients in overcoming barriers to CRC screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have the tools and/or resources necessary to reinforce the importance of CRC screening among my patients and to help them schedule and complete screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What tools or resources could help you feel better equipped to discuss CRC screening with your patients and help them comply by scheduling and completing the screening? Please select all that apply.

Patient education (handouts)	<input type="checkbox"/>
Patient education (electronic)	<input type="checkbox"/>
Patient reminders	<input type="checkbox"/>
Clinic staff education (handouts)	<input type="checkbox"/>
Clinic staff education (training)	<input type="checkbox"/>
Objection handler/FAQs	<input type="checkbox"/>
Dedicated clinic staff	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>

12. What would be the single most important item that would help you to be more effective in supporting your clinic's CRC screening goals?