

Post-Study Follow-Up Patient Survey (Control Group)

Innovative Tools to Improve Colorectal Cancer Screening Rates in Manitoba

At your doctor's office a few months ago, you completed a survey about colorectal cancer screening and the fecal occult blood test (FOBT). At that time, you agreed to be contacted for a follow-up survey. We are asking you to answer the following questions by providing the answer that best describes your experience. On behalf of the Department of Family Medicine we thank you for your time and participation!

Date: _____
(day/month/year)

1. During the appointment with your health care provider in which you were asked to do a fecal occult blood test (FOBT), did you receive information about your risk of developing colorectal cancer?

Yes No Unsure

2. During the appointment with your family doctor in which you were asked to do a fecal occult blood test (FOBT), did you receive information about colorectal cancer screening?

Yes No (go to question number 4) Unsure (go to question number 4)

3. If you were provided with colorectal cancer and/or screening information, who provided it to you?

Doctor

Nurse

Other (please specify): _____

4. Who gave you the fecal occult blood test (FOBT) kit?

- A lab technician
- Directly from my Family Physician/Physician Assistant/Nurse Practitioner
- Physician's support staff

5. Other than the written instructions that came with the fecal occult blood test (FOBT), did you receive any instruction on how to conduct the fecal occult blood test (FOBT)?

Yes No (go to question number 7) Unsure (go to question number 7)

6. If so, who provided you information on how to conduct the fecal occult blood test (FOBT)?

- Doctor
- Nurse
- Lab Technician
- Physician's support staff
- Other (please specify): _____

7. When you received your fecal occult blood test (FOBT), did you have a clear understanding of why you should do it?

Yes No Unsure

8. Did you have questions about the need for the test that were not addressed by your family physician?

Yes No Unsure

9. Did you complete your fecal occult blood test (FOBT)?

Yes (omit question numbers 14, 15, 16, 17, and 18) No Unsure

10. Were the written instructions that came with the fecal occult blood test (FOBT) sufficient to assist you in completing the fecal occult blood test (FOBT)?

Yes No Unsure

11. Did you call your medical clinic for information on colorectal cancer and/or instructions on how to conduct the fecal occult blood test (FOBT)?

Yes No Unsure

12. Did you call the laboratory for information on colorectal cancer and/or instructions on how to conduct the fecal occult blood test (FOBT)?

Yes No Unsure

13. Did you use any other means to assist you in completing your fecal occult blood test (FOBT)?

Yes No Unsure

14. If you did not do the fecal occult blood test (FOBT), please indicate the factors you believe prevented you from doing it (please indicate all that apply)?

- Medication restrictions
- Dietary restrictions
- Dealing with feces (poop) is an unpleasant task
- Uncertain about how to do the test
- Not confident I could complete the test
- I felt the test was unnecessary
- Meant to do it but forgot

15. If you did not do the fecal occult blood test (FOBT), would additional information about colorectal cancer have made a difference for you in completing the test?

Yes No Unsure **(If YES, please go to question number 16)**

16. Please specify below what additional information about colorectal cancer and/or screening would have made a difference for you in completing the test:

17. If you did not do the fecal occult blood test (FOBT), would additional support related to how to do the fecal occult blood test (FOBT) have made a difference for you in completing the test?

Yes No Unsure **(If YES, please go to question number 18)**

18. Please specify below what additional information about how to do the fecal occult blood test (FOBT) would have made a difference for you in completing the test:

19. Do you use a toilet bowl cleaner? Yes No

20. Do you use any of the following (non-steroidal anti-inflammatory) drugs:

- | | | | |
|--------------------------------|-----|----|-----------------------------------|
| a. Aspirin | Yes | No | amount per day: <u>(optional)</u> |
| b. ibuprofen (Motrin or Advil) | Yes | No | amount per day: <u>(optional)</u> |
| c. naproxen (Naprosyn, Aleve) | Yes | No | amount per day: <u>(optional)</u> |
| d. celecoxib (Clebrex) | Yes | No | amount per day: <u>(optional)</u> |
| e. indomethacin (Indocin) | Yes | No | amount per day: <u>(optional)</u> |
| f. diclofenac (Voltaren) | Yes | No | amount per day: <u>(optional)</u> |

21. Approximately how many oranges do you eat per week? _____

22. Approximately how many grapefruit do you eat per week? _____

23. If one serving of fruit juice is ½ of a cup, how many servings of juice do you “typically” consume in a day? _____, in a week? _____

24. Do you take a vitamin C supplement? Yes No

25. Do you take a multi-vitamin-mineral supplement? Yes No

26. If a serving of vegetables is the amount that would fit into your hand:

a. Approximately how many servings of broccoli do you consume in a “typical” week?

b. Approximately how many servings of cauliflower do you consume in a “typical” week?

27. If red meat includes meat such as beef, lamb, moose, venison and bison (not chicken, fish or pork), how many times in a “typical” week do you eat red meat?

28. In a “typical” week, do you eat:

- | | | | |
|-----------------|-----|----|-------------------|
| a. Cantaloupe | Yes | No | Decline to answer |
| b. Raw turnips | Yes | No | Decline to answer |
| c. Red radishes | Yes | No | Decline to answer |
| d. Parsnip | Yes | No | Decline to answer |
| e. Horseradish | Yes | No | Decline to answer |

29. As part of this study, would you be willing to provide your personal health identification number which may be used at a later date, along with medical databases, to look at factors affecting colorectal cancer screening rates in Manitoba? Your personal health identification number or PHIN is the 9 digit number on your Manitoba health card. All information collected will be treated as confidential in accordance with the Personal Health Information Act of Manitoba. Your name and other identifying information will be removed from the information collected so as to ensure your safety and confidentiality.

- a. Yes
- b. No

PHIN: _____