



Patient-Specific Identification Number

**In-Clinic Patient Survey**

This survey is being conducted by the Faculty of Family Medicine researchers at the University of Manitoba as part of a research study looking at ways doctors can help their patients be screened for cancer of the colon and rectum (colorectal cancer). The at-home screening test, also called the Fecal Occult Blood Test (FOBT), is done in the privacy of your own home and detects small amounts of hidden blood in your stool (or poop) which may be a sign of colorectal cancer.

Answering the survey questions below will take approximately three minutes and pose no known risks to you. There may or may not be direct medical benefit to you from participating in this study. However, we hope the information learned from this study will benefit both family doctors and Manitobans in the future.

Your participation is voluntary. If you chose not to participate, it will not affect your medical care at this site. All information collected will be treated as confidential in accordance with the Personal Health Information Act of Manitoba.

Date: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
(day/month/year)

Age: \_\_\_\_\_ Gender:  Male  Female

1. Have you ever done an FOBT (at-home screening test) before?

Yes  No  Unsure

2. Have you done an FOBT (at-home screening test) within the last two years?

Yes  No  Unsure

3. Has a doctor or other health care professional ever suggested you do an FOBT (at-home screening test)?

Yes       No       Unsure

4. If so, did you do it?

Yes       No       Unsure

5. Have you ever received an FOBT (at-home screening test) kit in the mail?

Yes       No       Unsure

6. If so, did you do it?

Yes       No       Unsure

7. Have you ever received an FOBT (at-home screening test) kit at a mammography clinic?

Yes       No       Unsure

8. If so, did you do it?

Yes       No       Unsure

9. Have you ever received an FOBT (at-home screening test) kit from a Mobile Breast Screening Program?

Yes       No       Unsure

10. If so, did you do it?

Yes       No       Unsure

11. Please indicate any/all of the following informational advertisements related to colorectal cancer and screening that you have seen lately:

Newspaper advertisements

Television advertisements

Bus advertisements

Radio advertisements

Billboard advertisements

Websites (Internet)

Other (please specify) \_\_\_\_\_

12. Have you ever used the internet to help you with a health-related question/issue?

Yes  No

13. Would you be willing to participate in a follow-up survey about this study within the next 4 months?

Yes  No

Name: \_\_\_\_\_  
(Please Print; first name, last name)

Telephone Number: \_\_\_\_\_  
(Please include area code if possible)



Age: \_\_\_\_\_ years old  
(please fill in patient's age)

Gender: male / female  
(please circle the appropriate gender)

Reason(s) patient did not fill out the In-Clinic Survey:

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Patient declined to answer: