

**Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial  
Study of Colonoscopy Utilization**

<b>COLONOSCOPY UTILIZATION QUESTIONNAIRE(CQX)</b>	
Screening Center: .....  __ __  Satellite Center: .....  __ __  Screening Center Staff ID:.....  __ __ __ __ __  Date Form Completed:....  __ __ _ _ _ _ _ _ _ _ _ _  <div style="text-align: center; margin-left: 100px;">MO    DD    YEAR</div>	Group # «GROUP 1 »  «EXPLAIN»  <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">             *«PID»*               *«PID»*               «PID»           </div>
<b>INSTRUCTIONS:</b> This form should be used to obtain followup information regarding colonoscopies the participant may have had since enrollment or following a T0 FSG, Screening Centers should complete a form for each participant, submit the original to Westat and insert a copy into the participant's file.	

**Introduction:**

Hello, my name is... I am calling in regards to a letter that was sent to you a couple of weeks ago regarding colorectal exams. Did you receive it? We want to thank you again for your participation in the PLCO trial. The study is a long term trial and it is important for us to periodically update information about your health. Today I would like to ask you questions about testing for colorectal cancer with flexible sigmoidoscopy or colonoscopy. We will verify information that we currently have in our files and will then collect information on any additional exams you may have received.

1. May I proceed with the interview?

<input type="checkbox"/> Yes (Go to 2) <input type="checkbox"/> No (May I call you at another time?)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; padding: 5px;">Yes <input type="checkbox"/></td> <td style="padding: 5px;">Schedule a Call Back: ___ / ___ / _____ (mm/dd/yyyy)</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">Time: ___ : ___ <input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td style="padding: 5px;">No <input type="checkbox"/></td> <td style="padding: 5px;">Thank you for your time and continued participation in the PLCO study.</td> </tr> </table>	Yes <input type="checkbox"/>	Schedule a Call Back: ___ / ___ / _____ (mm/dd/yyyy)		Time: ___ : ___ <input type="checkbox"/> am <input type="checkbox"/> pm	No <input type="checkbox"/>	Thank you for your time and continued participation in the PLCO study.
Yes <input type="checkbox"/>	Schedule a Call Back: ___ / ___ / _____ (mm/dd/yyyy)						
	Time: ___ : ___ <input type="checkbox"/> am <input type="checkbox"/> pm						
No <input type="checkbox"/>	Thank you for your time and continued participation in the PLCO study.						

2. Since I'm going to be asking about colonoscopies, it is important to understand the difference between a flexible sigmoidoscopy and a colonoscopy. Do you know the difference between these two exams?

1  Yes (Go to 3)

2  No (read descriptions)

3  Don't Know/Unsure (read descriptions)

I will read a short description of the 2 tests.

**A flexible sigmoidoscopy** is a test where an examiner inserts a black tube with a light on the end into the rectum to examine a portion of the colon or lower intestine. The patient lies on their side. The preparation usually includes enemas, and may include laxatives in pill or liquid form. No sedation is given. The PLCO screening exam is a flexible sigmoidoscopy.

**A colonoscopy** is like a flexible sigmoidoscopy, but the entire colon is examined. The patient is usually given intravenous sedation and a driver or a companion is needed to assist in getting the patient home. The preparation for a colonoscopy is more intense with an oral laxative preparation which causes numerous episodes of diarrhea.

3. Our records show that you had your first PLCO screening flexible sigmoidoscopy on «TODATE».

1  Yes (Go to 4)

2  No (If SC is aware of colonoscopies, go to 5a. If not, go to 6)

3  Don't Know (If SC is aware of colonoscopies, go to 5a. If not, go to 6)

4. How many (total number) colonoscopies have you had since:

Your flexible sigmoidoscopy on «TODATE»

Total: |\_|\_|

98  Don't Know

**PLEASE COMPLETE FOR ALL DOCUMENTED COLONOSCOPIES IN THE SC MEDICAL RECORDS.**

5a. I would like to ask you some questions about the colonoscopy(ies) you received. We will start by verifying information on colonoscopy exams that we have in our records and then we will ask about any other exams not already in our records since your enrollment in PLCO.

	<i>1. Colonoscopy #1</i>	<i>2. Colonoscopy #2</i>	<i>3. Colonoscopy #3</i>	<i>4. Colonoscopy #4</i>
A. Our records show that you had a colonoscopy on: <i>see date.</i>	1 Date: «RECENT1»	1 Date: «RECENT2»	1 Date: «RECENT3»	1 Date: «RECENT4»
B. Our records show that the colonoscopy was performed by: <i>Go to Physician Verification Information</i>				
C. Do you recall if a polyp was found?	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E
D. Do you know what type of polyp was found? <b>Check all that apply.</b>	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANA	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANA	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANA	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANA
E. Do you recall having any complications after your colon exam that required having to go to the emergency room or be hospitalized?	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) If >1 exam in 5a go to A2; If >1 exam in 4 go to 5b. If neither go to 6.	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) If >2 exams in 5a go to A3; If >2 exams in 4 go to 5b. If neither go to 6.	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) If >3 exams in 5a go to A4; If >3 exams in 4 go to 5b. If neither go to 6.	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Continue to 5b if applicable. If not go to 6.
F. Did you go to the emergency room?	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO)			
G. Were you hospitalized?	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO)			
H. Did you require surgery as a result of the colonoscopy?	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____ 2 <input type="checkbox"/> (NO) 3 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____ 2 <input type="checkbox"/> (NO) 3 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____ 2 <input type="checkbox"/> (NO) 3 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____ 2 <input type="checkbox"/> (NO) 3 <input type="checkbox"/> (DON'T KNOW)
I. <i>Interviewer only: Was a DEC previously completed for PLCO?</i>	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO)			

5b. I would like to ask you some questions about the colonoscopy(ies) you received that are not in our records. I will begin with your most recent exam and work back through time.

	<b>1. When did you have your most recent colonoscopy?</b>	<b>2. When did you have your exam prior to the exam (1)?</b>	<b>3. When did you have your exam prior to the exam (2)?</b>	<b>4. When did you have your exam prior to the exam (3)?</b>
<b>A. Dates:</b>	1 <input type="checkbox"/> Date: ___/___ (mm/yyyy)  2 <input type="checkbox"/> Within the past year  3 <input type="checkbox"/> 1 to 2 years ago  4 <input type="checkbox"/> 2 to 3 years ago  5 <input type="checkbox"/> More than 3 years ago  6 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> Date: ___/___ (mm/yyyy)  2 <input type="checkbox"/> Within the past year  3 <input type="checkbox"/> 1 to 2 years ago  4 <input type="checkbox"/> 2 to 3 years ago  5 <input type="checkbox"/> More than 3 years ago  6 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> Date: ___/___ (mm/yyyy)  2 <input type="checkbox"/> Within the past year  3 <input type="checkbox"/> 1 to 2 years ago  4 <input type="checkbox"/> 2 to 3 years ago  5 <input type="checkbox"/> More than 3 years ago  6 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> Date: ___/___ (mm/yyyy)  2 <input type="checkbox"/> Within the past year  3 <input type="checkbox"/> 1 to 2 years ago  4 <input type="checkbox"/> 2 to 3 years ago  5 <input type="checkbox"/> More than 3 years ago  6 <input type="checkbox"/> (DON'T KNOW)
<b>B. Name and location of physician who performed colonoscopy. Go to Physician Verification Information</b>				
<b>C. Was a polyp found?</b>	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go To E 3 <input type="checkbox"/> (DON'T KNOW) Go To E
<b>D. Do you know what type of polyp was found? Check all that apply.</b>	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANB	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANB	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANB	1 <input type="checkbox"/> Benign 2 <input type="checkbox"/> Precancerous or adenoma 3 <input type="checkbox"/> Non precancerous or hyperplastic 4 <input type="checkbox"/> (DON'T KNOW) 5 <input type="checkbox"/> CANB
<b>E. Do you recall having any complications after your colon exam that required having to go to the emergency room or be hospitalized?</b>	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) If >1 exam in 5b go to A2; otherwise go to 6	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) If >2 exams in 5b go to A3; otherwise go to 6	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) If >3 exams in 5b go to A4; otherwise go to 6	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO) Go to 6
<b>F. Did you go to the emergency room?</b>	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO)			
<b>G. Were you hospitalized?</b>	1 <input type="checkbox"/> (YES) 2 <input type="checkbox"/> (NO)			
<b>H. Did you require surgery as a result of the colonoscopy?</b>	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____  2 <input type="checkbox"/> (NO)  3 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____  2 <input type="checkbox"/> (NO)  3 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____  2 <input type="checkbox"/> (NO)  3 <input type="checkbox"/> (DON'T KNOW)	1 <input type="checkbox"/> (YES)-Please Specify: _____ _____  2 <input type="checkbox"/> (NO)  3 <input type="checkbox"/> (DON'T KNOW)

6. Provider/Hospital Information: Go to **Physician Verification Information Sheet** and verify primary care provider information and all physician information for medical emergencies/hospital visits from E, F, G, and H in charts from question 5.
7. Medical records will be collected for all colonoscopies that are not currently recorded on a DEC form, any medical complications reported in Questions 5a and 5b, and per participant instructions.

A  Records Need to be Obtained:

We will need to obtain your medical records to make the information part of your PLCO records. We will mail an authorization form for you to sign along with a return envelope.

*Interviewer only: please check all that apply. Records are being requested because of:*

- 1  Report of new colonoscopy
- 2  Colonoscopy documented in SC records
- 3  Medical complications
- 4  Per participant instructions

B  Records May Need to be Obtained:

We will need to obtain your medical records to make the information part of your PLCO records. If necessary we will mail an authorization form for you to sign along with a return envelope.

«BOX9»
«SKIPQ9»

8. According to our records you were due for your second FSG exam in «T3T5YEAR» (S2) but it was not performed. I would like to read you a list of reasons as to why you may not have had your second FSG exam. Please let me know if any of these apply and respond 'true or false'.

You did not get the exam because you:

A. Had a colonoscopy or were scheduled for a colonoscopy:

1  True      2  False      3  Don't Know/Remember

B. Were afraid of the FSG

1  True      2  False      3  Don't Know/Remember

C. Were dissatisfied with your earlier PLCO experience

1  True      2  False      3  Don't Know/Remember

D. Had transportation problems

1  True      2  False      3  Don't Know/Remember

E. Had other demands such as work, medical illness, or family responsibility

1  True      2  False      3  Don't Know/Remember

F. Were out of town and therefore unable to complete the PLCO flexible sigmoidoscopy

1  True      2  False      3  Don't Know/Remember

G. Had concerns about costs if a problem were found

1  True      2  False      3  Don't Know/Remember

H. Is there another reason why you did not have the exam?

1  Yes (Specify):

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2  No

3  Don't Know/Remember

9. Since you joined PLCO, did you delay or forgo a recommended colonoscopy because of problems related to your health insurance coverage?

1  Yes

2  No

3  Don't Know/Remember

**END:** Thank you for your time and for providing us with this information.

**If applicable:** Just as a reminder we may be sending you a medical records authorization form within the next few days for you to fill out and send back to us. A postage paid envelope will be included. Thank you.

**To Be Completed by the Interviewer:**

Who supplied the answers to these questions?

1  Participant

2  Spouse

3  Other (specify) \_\_\_\_\_

**Forms Processing:**

Manual Review:

Initials of person completing this form |\_\_\_\_\_|