



Women's Health Provider Survey

PROSPR is a National Cancer Institute (NCI) sponsored research project that is studying ways of improving breast, cervical, and colorectal cancer screening in the United States.

In order to learn more about providers' practices and experiences related to breast and cervical cancer screening, we are conducting a survey amongst a sampling of clinicians in the health care systems that are a part of PROSPR.

All information provided in this survey will remain confidential. Participation is voluntary.

Your input is greatly appreciated.

Survey Instructions:

- Many providers work in more than one setting. For the purpose of this survey, answer for your main practice setting (the one in which you spend the most hours per week).
- Most items are multiple choice. Please use an X or check mark to indicate your answers.
- You may use any pen or pencil to complete this paper questionnaire.
- You can skip any question that you do not feel comfortable answering.
- If you prefer to complete the questionnaire online, please go to the URL listed in your cover letter. You will need to enter the study ID located at the bottom of this page.



Part A. Breast and Cervical Cancer Screening Guidelines

A1. How effective do you believe the following screening procedures are in reducing cancer mortality for average-risk women? (CHECK ONE BOX IN EACH ROW)

How effective is...	Very Effective	Somewhat Effective	Not Effective	Effectiveness is Not Known	I Am Not Sure
Screening mammography for women ages:					
40-49 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50-74 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75+ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap test for women ages:					
21 – 29 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 – 64 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65+ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV) co-testing with Pap test for women ages:					
21 – 29 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 – 64 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65+ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A2. Please complete the table below based on how often you recommend screening mammography for most asymptomatic, average-risk women (in good health for their age). Please pick the closest interval. (CHECK ONE BOX IN EACH ROW)

How often do you recommend screening mammography for <u>most</u> women ages...	Every Year (12 months)	Every Other Year (24 months)	I discuss interval options with the patient	I Do Not Routinely Recommend
30 – 39 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40 – 49 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 – 74 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75+ years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A3. In your clinical practice, how influential are the current breast and cervical cancer screening guidelines from the following organizations? (CHECK ONE BOX IN EACH ROW)

How influential are...	Very Influential	Somewhat Influential	Not Influential	Not Applicable or I Am Not Familiar With
Breast Cancer Screening Guidelines from:				
U.S. Preventive Services Task Force (USPSTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Cancer Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American College of Obstetricians & Gynecologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Academy of Family Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American College of Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local guidelines (from your health system or malpractice insurer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cervical Cancer Screening Guidelines from:				
U.S. Preventive Services Task Force (USPSTF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Cancer Society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American College of Obstetricians & Gynecologists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Academy of Family Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American College of Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local guidelines (from your health system or malpractice insurer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (<i>specify</i>): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In 2009, the USPSTF recommended lengthening the interval between screening mammograms from every 1 year to every 2 years (i.e., biennial) for average-risk women age 50 – 74 years, and recommended that the decision to start biennial screening mammography before the age of 50 years should be an individual one that takes the patient's specific benefits and harms into account.

A4. Since the 2009 USPSTF guidelines, how has your recommendation for screening mammography changed for average risk women in the following age groups? (CHECK ONE BOX IN EACH ROW)

Since the 2009 guidelines, my recommendation has:	Not Changed	Changed for Some Women	Changed for Most/ All Women	I Do Not Routinely Recommend
40 – 49 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50 - 74 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75+ years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you checked **ANY** of the boxes in the 'Not Changed' column, please proceed to A4a;
 Otherwise skip to Question A5, page 6.

A4a. How much influence has each of the following factors had on your decision to not change your use of screening mammography since the 2009 USPSTF guidelines? (CHECK ONE BOX IN EACH ROW)

	A lot of Influence	Some Influence	A Little Influence	No Influence
My practice was already consistent with these guidelines before they were released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have enough time to discuss the benefits and harms of mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned that following these guidelines exposes me to greater malpractice risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues do not follow these guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My patients have concerns about these guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't believe or agree with these guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My mammography performance is measured using criteria other than the USPSTF (e.g., HEDIS, accountable care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A5. Please complete the table below based on how often you recommend cervical cancer screening for most average-risk women of the following ages, who have never had an abnormal Pap test (and are in good health for their age). Please pick the closest interval.

(CHECK ONE BOX IN EACH ROW)

Approximately how often do you recommend cervical cancer screening for <u>most</u> women ages...	Pap alone every 1 year	Pap alone every 3 years	Pap with HPV co-testing every 5 years	I Do Not Routinely Recommend Screening
Younger than 21 years who are not sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Younger than 21 years who are sexually active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 - 29 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 - 64 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65+ years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In 2012, the USPSTF recommended Pap testing every 3 years for women ages 21 to 29 years and either co-testing (combined Pap and HPV testing) every 5 years or Pap testing every 3 years for women ages 30 to 65 years. Furthermore, the USPSTF recommended *against* routine Pap testing before the age of 21 or over the age of 65.

A6. Since the 2012 USPSTF guidelines, how much has your recommendation for the frequency of cervical cancer screening changed for average risk women in the following age groups?

(CHECK ONE BOX IN EACH ROW)

Since the 2012 guidelines, my recommendation has:	Not changed	Changed for Some Women	Changed for Most/ All Women	I Do Not Routinely Recommend
Younger than 21 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 - 29 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 - 64 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65+ years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If you checked **ANY** of the boxes in the 'Not Changed' column, please proceed to A6a;
Otherwise skip to Part B, page 7.



A6a. How much influence has each of these factors had on your decision to not change your use of cervical cancer screening since the 2012 USPSTF guidelines?

(CHECK ONE BOX IN EACH ROW)

	A lot of Influence	Some Influence	A Little Influence	No Influence at All
My practice was already consistent with these guidelines before they were released	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't have enough time to discuss the change in the guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am concerned that following these guidelines exposes me to greater malpractice risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My colleagues do not follow these guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My patients have concerns about these guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't believe or agree with these guidelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My cervical cancer screening performance is measured using criteria other than the USPSTF (e.g. HEDIS, accountable care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part B. Breast Cancer Screening

B1. During the past month, have you referred any women for screening mammography?

Yes

No

→ Skip to Section D, page 11

B2. During the past year, with how many of your *average-risk* female patients ages 40-49, did you discuss the benefits and/or harms of screening mammography?

For women 40-49 years old:	All patients	Most patients	Some patients	A few patients	No patients
I discuss the BENEFITS of screening mammography with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I discuss the HARMS of screening mammography with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. Of the 40 – 49 year old women *with whom you discussed the BENEFITS and/or HARMS of screening mammography*, approximately what percentage preferred to receive screening before age 50?

- None
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- All
- I do not discuss the benefits or harms of screening mammography with women 40-49.

B4. During the past year, with how many of your *average-risk* female patients ages 50-74, did you discuss the benefits and/or harms of screening mammography?

For women 50-74 years old:	All patients	Most patients	Some patients	A few patients	No patients
I discuss the BENEFITS of screening mammography with...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I discuss the HARMS of screening mammography with...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B5. Of the 50-74 year old women *with whom you discussed the BENEFITS and/or HARMS of screening mammography*, approximately what percentage preferred to receive annual screening mammography?

- None
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- All
- I do not discuss the benefits or harms of screening mammography with women 50-74.

B6. During the past year, with how many of your *average-risk* female patients over the age of 75, did you discuss the benefits and/or harms of screening mammography?

For women 75+ years old:	All patients	Most patients	Some patients	A few patients	No patients
I discuss the BENEFITS of screening mammography with...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I discuss the HARMS of screening mammography with...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B7. Of the women ages 75+ with whom you discussed the *BENEFITS* and/or *HARMS* of screening mammography, approximately what percentage preferred to continue to receive screening mammography?

- None
- 1-25%
- 26-50%
- 51-75%
- 76-99%
- All
- I do not discuss the benefits or harms of screening mammography with women over 75.

Part C. Risk Assessment for Breast Cancer Screening

C1. Please indicate whether you, another provider in your practice, or someone to whom you refer your patients, routinely performs an assessment of a woman’s risk of developing breast cancer at the time of an annual or preventative visit? (CHECK ONE BOX)


- I do this risk assessment myself
- Another medical care provider in my practice performs this risk assessment
- Another physician (e.g., breast radiologist, gynecologist) to whom I refer my patients performs this risk assessment → Skip to Section D, page 11
- Risk assessments are not routinely performed → Skip to Section D, page 11

C2. How often do you or another provider in your practice (e.g., nurse, physicians assistant, medical assistant) collect information about the following factors that may affect a woman’s risk of breast cancer? (CHECK ONE BOX IN EACH ROW)

	One Time Assessment	Annually	About Every 5 Years	Never
Family history of breast cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of ovarian cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age at menarche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age at first birth (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age at menopause (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prior history of breast biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of hormone replacement therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast density on prior mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (please specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C3. Do you or another provider in your practice use any formal breast cancer risk calculator? (e.g. NCI Breast Cancer Risk Assessment Tool (BCRAT))

Yes

No  Skip to Section D, page 11

C4. For which women do you use a risk calculator? (CHECK ALL THAT APPLY)

- All women between the ages of _____ years and _____ years
- Women with a family history of breast cancer
- Women with a family history of ovarian cancer
- Women with prior benign breast biopsies
- Women with dense breast tissue on prior mammograms
- Other (please specify): _____

C5. How often do you or another provider in your practice use a risk calculator with a patient?
(CHECK ONE BOX)

- A one time assessment
- Every year
- Every five years

C6. Which risk assessment tools do you use? (CHECK ALL THAT APPLY)

- Gail Model Risk Assessment/ National Cancer Institute Breast Cancer Risk Assessment Tool (BCRAT)
- Breast Cancer Surveillance Consortium (BCSC) Risk Calculator
- Tyrer-Cuzick Risk Assessment
- Your Disease Risk/Siteman Cancer Center Assessment
- Claus Model Risk Assessment
- A risk assessment tool hosted by my institution
- Other (please specify): _____

Part D: Cervical Cancer Screening

D1. During the past month, have you personally ordered or performed cervical cancer screening with Pap testing?

- Yes
- No → Skip to Section E, page 14

D2. Assume that the following female patients present for a routine annual or preventive visit in your office. What would you be most likely to recommend for cervical cancer screening at this visit? (CHECK ONE BOX IN EACH ROW)

What would you recommend for a...	Pap alone every 1 year (at least for first 3 years)	Pap alone every 3 years	Pap with HPV co-testing every 5 years	No Pap
18-year-old who has never had sexual intercourse and is presenting for her first gynecologic visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-year-old who first had sexual intercourse 3 years ago and is presenting for her first gynecologic visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29-year-old who has had 3 prior Pap tests, all negative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35-year-old who has a history of LSIL in her 20s, diagnosed elsewhere. You performed her pap last year and it was normal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35-year-old who has had 3 normal annual PAP tests but her most recent PAP included HPV co-testing which was positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67-year-old who has had 3 prior consecutive negative Pap tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67-year-old who had a single PAP test that was negative at age 50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D3. For women in the following age ranges for whom you recommend Pap testing, what percentage request screening more frequently? (CHECK ONE BOX IN EACH ROW)

What percentage request screening more frequently?	0% - 25%	26% - 50%	51% - 75%	76% - 100%	I do not recommend this screening
Women ages 21 - 29 years <i>for whom you recommend</i> Pap testing every 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women ages 30 - 64 years <i>for whom you recommend</i> Pap testing with HPV co-testing every 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Of women at least 65 years of age <i>with whom you discuss</i> discontinuing Pap testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D4. During the past 12 months, did any of your patients ask if they can or should be tested for HPV?

- Yes, ≤ 10 patients
- Yes, 11-20 patients
- Yes, 21+ patients
- No

D5. Is HPV testing available at your practice?

- Yes
- No 
- I do not know 

D6. Do you ever recommend HPV testing for the following groups of women?

(CHECK ONE BOX IN EACH ROW)

Do you ever recommend HPV testing for women ages...	Yes, I recommend HPV testing:			No, I do not recommend HPV testing
	With a Pap test for routine cervical cancer screening (co-testing)	As a follow-up test for an abnormal Pap test (reflex testing)	For both co-testing and reflex testing	
Younger than 21 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 - 29 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30 - 64 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65 + years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7. For which abnormal or borderline Pap test result would you order an HPV test (reflex testing)?

(CHECK ALL THAT APPLY)

- ASC-US** (atypical squamous cells of undetermined significance)
- ASC-H** (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
- LSIL** (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
- HSIL** (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma *in situ*)
- AGC** (atypical glandular cells)
- I use the clinical lab’s protocol to decide which Pap test results need a HPV test.

Part E: Managing your Patient Panel

E1. Does your main practice have an electronic health record (EHR) that includes clinical decision support for cancer screening? (CHECK ONE BOX IN EACH ROW)

Breast Cancer Screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Cervical Cancer Screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

If you checked 'Yes' in either row, please proceed to E1a; **Otherwise skip to E2, page 15.**

E1a. At what age does the decision support for cancer screening START?
(CHECK ONE BOX IN EACH TABLE, IF THE TABLE APPLIES)

Breast Cancer Screening
<input type="checkbox"/> Under age 40
<input type="checkbox"/> Age 40
<input type="checkbox"/> Age 50
<input type="checkbox"/> Not Sure

Cervical Cancer Screening
<input type="checkbox"/> Under age 21
<input type="checkbox"/> Age 21
<input type="checkbox"/> Age 30
<input type="checkbox"/> Not Sure

E1b. How FREQUENTLY does the decision support recommend screening for breast and cervical cancer? (CHECK ONE BOX IN EACH TABLE, IF THE TABLE APPLIES)

Breast Cancer Screening
<input type="checkbox"/> Every 1 year
<input type="checkbox"/> Every 2 years
<input type="checkbox"/> Every 1 or 2 years depending on a woman's age
<input type="checkbox"/> I can customize the interval based on a woman's history and risk
<input type="checkbox"/> Not Sure

Cervical Cancer Screening
<input type="checkbox"/> Every 1 year
<input type="checkbox"/> Every 3 years
<input type="checkbox"/> The interval recommended depends on prior screening and results
<input type="checkbox"/> I can customize the interval based on a woman's history and risk
<input type="checkbox"/> Not Sure

E1c. At what age does the decision support for breast and cervical cancer screening STOP? (CHECK ONE BOX IN EACH TABLE, IF THE TABLE APPLIES)

Breast Cancer Screening
<input type="checkbox"/> Age 65
<input type="checkbox"/> Age 75
<input type="checkbox"/> There is no stopping age
<input type="checkbox"/> Not Sure

Cervical Cancer Screening
<input type="checkbox"/> Age 65
<input type="checkbox"/> Age 75
<input type="checkbox"/> There is no stopping age
<input type="checkbox"/> Not Sure

E1d. How frequently DO YOU USE clinical decision support for breast and cervical cancer screening? (CHECK ONE BOX IN EACH TABLE, IF THE TABLE APPLIES)

Breast Cancer Screening
<input type="checkbox"/> I do not use decision support
<input type="checkbox"/> I use it some of the time
<input type="checkbox"/> I use it all of the time
<input type="checkbox"/> Not Sure

Cervical Cancer Screening
<input type="checkbox"/> I do not use decision support
<input type="checkbox"/> I use it some of the time
<input type="checkbox"/> I use it all of the time
<input type="checkbox"/> Not Sure

E2. Does your main practice have a mechanism to remind YOU or other members of the care team that a patient is overdue for ROUTINE breast or cervical cancer screening?

(CHECK ALL THAT APPLY IN EACH COLUMN)

	Breast Cancer Screening	Cervical Cancer Screening
a. Yes, a prompt or reminder in the patients' electronic health record when they come in for a visit	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes, an automated report of all of my patients who are overdue for screening that I review whether or not a patient comes in for a visit	<input type="checkbox"/>	<input type="checkbox"/>
c. Yes, an automated report of patients who are overdue for screening that another member of the care team reviews whether or not a patient comes in for a visit	<input type="checkbox"/>	<input type="checkbox"/>
d. Yes, I routinely look it up in the medical record at the time of a visit	<input type="checkbox"/>	<input type="checkbox"/>
e. Yes, other mechanism <i>(please specify):</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
f. No	<input type="checkbox"/>	<input type="checkbox"/>
g. Not Sure	<input type="checkbox"/>	<input type="checkbox"/>

E3. Does your main practice have a mechanism to remind YOUR PATIENTS that they are overdue for ROUTINE breast or cervical cancer screening? (CHECK ALL THAT APPLY IN EACH COLUMN)

	Breast Cancer Screening	Cervical Cancer Screening
a. Yes, verbal prompt from you or another member of the care team during an office visit	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes, reminder by US Mail	<input type="checkbox"/>	<input type="checkbox"/>
c. Yes, reminder telephone call	<input type="checkbox"/>	<input type="checkbox"/>
d. Yes, reminder by e-mail	<input type="checkbox"/>	<input type="checkbox"/>
e. Yes, reminder through personal health record or patient portal of our electronic health record	<input type="checkbox"/>	<input type="checkbox"/>
f. Yes, case manager or navigator	<input type="checkbox"/>	<input type="checkbox"/>
g. Yes, other mechanism (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
h. No	<input type="checkbox"/>	<input type="checkbox"/>
i. Not Sure	<input type="checkbox"/>	<input type="checkbox"/>

E4. Does your main practice have a mechanism to remind YOU or other members of the care team that a patient is overdue for FOLLOW-UP testing for an abnormality detected on breast or cervical cancer screening? (CHECK ALL THAT APPLY IN EACH COLUMN)

	Breast Cancer Screening	Cervical Cancer Screening
a. Yes, a prompt or reminder in the patients' electronic health record when they come in for a visit.	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes, an automated report of patients who are overdue for follow-up of an abnormal screening test that I review whether or not a patient comes in for a visit	<input type="checkbox"/>	<input type="checkbox"/>
c. Yes, an automated report of patients who are overdue for follow-up of abnormal screening test that another member of the care team reviews whether or not a patient comes in for a visit	<input type="checkbox"/>	<input type="checkbox"/>
d. Yes, I routinely look it up in the medical record at the time of a visit	<input type="checkbox"/>	<input type="checkbox"/>
e. Yes, abnormal results are followed up by another care department (e.g. radiology, pathology)	<input type="checkbox"/>	<input type="checkbox"/>
f. Yes, other mechanism (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>
g. No	<input type="checkbox"/>	<input type="checkbox"/>
h. Not sure	<input type="checkbox"/>	<input type="checkbox"/>

E5. Does your main practice have a mechanism to remind YOUR PATIENTS that they are overdue for FOLLOW-UP testing for an abnormality detected on breast or cervical cancer screening result?
(CHECK ALL THAT APPLY IN EACH COLUMN)

	Breast Cancer Screening	Cervical Cancer Screening
a. Yes, verbal prompt from you or another member of the care team during an office visit	<input type="checkbox"/>	<input type="checkbox"/>
b. Yes, reminder by US Mail	<input type="checkbox"/>	<input type="checkbox"/>
c. Yes, reminder telephone call	<input type="checkbox"/>	<input type="checkbox"/>
d. Yes, reminder by e-mail	<input type="checkbox"/>	<input type="checkbox"/>
e. Yes, reminder through personal health record or patient portal of the electronic health record	<input type="checkbox"/>	<input type="checkbox"/>
f. Yes, case manager or navigator	<input type="checkbox"/>	<input type="checkbox"/>
g. Yes, abnormal results are followed up by another care department (e.g. radiology, pathology)	<input type="checkbox"/>	<input type="checkbox"/>
h. Yes, other mechanism <i>(please specify):</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
i. No	<input type="checkbox"/>	<input type="checkbox"/>
j. Not Sure	<input type="checkbox"/>	<input type="checkbox"/>

E6. During the past 12 months, did you receive any reports that allowed you to compare your own completion of recommended breast or cervical cancer screening for your patients to the performance of other practitioners for their patients? *(CHECK ONE BOX IN EACH ROW)*

Breast Cancer Screening Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Cervical Cancer Screening Reports	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

↓

If you checked 'Yes' in either row, please proceed to E6a; **Otherwise skip to Part F, page 18.**

↓

E6a. During the past 12 months, was your clinical income adjusted based on your performance as reflected in these cancer screening reports for either breast cancer screening or cervical cancer screening?
(CHECK ONE BOX IN EACH ROW, IF THE ROW APPLIES)

Breast Cancer Screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Cervical Cancer Screening	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure

Part F: General

F1. During a typical week approximately how many office visits do you see in your main practice location?

- 25 or fewer 76-100
 26-50 101-125
 51-75 126 or more

F2. During a typical week, approximately what percent of your professional time do you spend doing the following activities?

	The % of your professional time
Providing primary care	_____%
Providing specialty care	_____%
Administration	_____%
Research	_____%
Teaching (includes resident supervision and classroom teaching)	_____%
Other	_____%
Total	100%

F3. What is your specialty? (CHECK ONE BOX)

- Family/ General practice
 General internal medicine
 Obstetrics and Gynecology (OBGYN)
 Nurse Practitioner or Physician's Assistant
 Other (*please specify*): _____

F4. Has your main practice received NCQA certification as a medical home?

- Yes No Not Sure

F5. Including yourself, how many full- and part-time physicians are in your main practice?

- <5 5-10 11-20 21-50 50+

F6. Which of the following best describes your main practice? Is it located in: (CHECK ONE BOX)

- An office (non-hospital based)
- A hospital
- A community health center
- Other (please specify): _____

F7. Who owns your main practice? (CHECK ONE BOX)

- One or more physicians, or a physician-owned corporation
- A medical school or university
- Federal, state, or local government
- A hospital or hospital corporation
- An HMO, health plan, or insurance company
- Other (please specify): _____

F8. Do you have an affiliation with a medical school, such as an adjunct, clinical, or other faculty appointment?

- Yes
- No

F9. What is your gender?

- Male
- Female

F10. How old are you?

- < 30 years
- 30 – 39 years
- 40 – 49 years
- 50 – 59 years
- 60 – 69 years
- 70 or older

F11. Have you ever been sued for failing to diagnose cancer of any type?

- Yes
- No

**Thank you very much. We greatly appreciate your participation.
Please return your completed survey in the enclosed postage-paid envelope.**

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Population-based Research Optimizing Screening through Personalized Regimens