

SUPPLEMENTARY FIGURE 1

Part I: Demographic Data:

1. Age: Years.

2. Gender: Male Female

3. Nationality: Saudi Non Saudi

4. Marital status: Single Married Divorced

5. work :

- National Guard Hospital.
- King Fahad Military Hospital.
- King Abdul-Aziz University Hospital general clinic.
- King Abdul-Aziz University clinic services.
- Primary health care center at ministry of health.
- Other: _____

6. Medical qualifications of physicians:

- Board or PHD
 - Family medicine
 - Other specialties
- Diploma or master
 - Family medicine
 - Other specialties
- MBBS

7. Years of experience:

<2 Years

3-10 Years

>10 Years

8. Job title of physician according to Saudi council:

Consultant

Specialist

Resident

Intern

9. Monthly income in Thousand SR:

< 10

10 -14

15 -19

20 - 29

>= 30

Part II:

Colorectal Cancer Screening Beliefs and Recommendations

10. Do you think that Colorectal Cancer Screening for asymptomatic average-risk patients aged 50 years and older is effective?

- Yes No

11. Do you perform Colorectal Cancer screening for asymptomatic average-risk patients aged 50 years and older?

- Yes No

12. How effective do you believe the following screening procedures are in reducing colorectal cancer mortality in average-risk patients aged 50 years and older?

How effective is... (CHECK ONE BOX IN EACH LINE)	Effective	Not Effective	Don't Know
a. Fecal Occult Blood Testing			
b. Flexible Sigmoidoscopy			
c. Colonoscopy			
d. Double-contrast barium enema			
e. CT-Colonography			

13. To what extent the following factors influence your recommendations for colorectal cancer screening:

How influential is... (CHECK ONE BOX ON EACH LINE)	Influential	Not Influential	Not Applicable or Not Familiar With
a. Clinical evidence in the published literature			
b. U.S. Preventive Services Task Force recommendations			
c. American Cancer Society guidelines			
d. Availability of providers to whom I can refer my patients for screening other than FOBT (Fecal Occult Blood Test)			
e. How colleagues in my practice or local community provide colorectal cancer screening for their patients			
f. My patients' preferences for colorectal cancer screening			
g. Other (<i>specify</i>):			

14. For the majority of your asymptomatic average-risk patients, you will start screening at age of:

- 40 years 50 years 60 years Not sure

15. Is there an age at which you no longer recommend screening for healthy patients? No

- Yes, at: _____ years of age.

16. Which of the following screening tests you are usually discuss with your patients? (CHECK ALL THAT APPLY)

- Fecal Occult Blood Test
 Sigmoidoscopy
 Colonoscopy
 Other (*specify*):

17. Which one of the following ways of conducting colorectal cancer screening do you prefer?

- Opportunistic screening.
 Structured screening program.

18. When you talk to your asymptomatic, average-risk patients about colorectal cancer screening, how often do you encounter the following?

(CHECK ONE BOX ON EACH LINE)	Never	Rarely	Sometimes	Usually
a. Not having enough time to discuss screening with my patients				
b. My patients do not want to discuss colorectal cancer screening				
c. My patients have difficulty understanding the information I present about colorectal cancer screening				
d. My patients are unaware of colorectal cancer screening				
e. My patients do not perceive colorectal cancer as a serious health threat				
g. Other (specify):				

19. How often do you encounter the following barriers to colorectal cancer screening for asymptomatic, average risk patients in your practice?

(CHECK ONE BOX ON EACH LINE)	Never	Rarely	Sometimes	Usually
a. There is no policy and procedure in my work-place for screening				
b. There is no reminder system in my work-place				
c. My patients do not follow through to complete colorectal cancer screening tests				
d. There is a shortage of trained providers to conduct screening other than FOBT				
e. There is a shortage of trained providers to conduct follow-up of positive screening tests with invasive endoscopic procedures				
f. Other (specify):				

Part III:

Colorectal Cancer Screening Modalities

A. Fecal Occult Blood Testing (FOBT)

20. The frequency of screening with FOBT is every:

- One year Two years Three years Not sure

21. Are you aware of the following types of FOBT?

- A. Guaiac FOBT Yes No
B. Fecal Immunochemical Testing Yes No

22. Are you aware of the following means of conducting FOBT?

- A. FOBT card in the office during digital rectal exam Yes No
B. Give patients FOBT kits to complete at home Yes No

23. By what means do you conduct FOBT for screening purposes?

(CHECK ALL THAT APPLY)

- A. Complete a single FOBT card in the office during a digital rectal exam.
B. Ask patients to give stool sample to the laboratory for FOBT.
C. Give patients FOBT kits to complete at home.
D. I do not use FOBT in my practice (SKIP TO Q. 24).

24. For colorectal cancer screening using FOBT, how many samples do you suppose to order?

- One Two Three Not sure

25. Before conducting FOBT, do you advise your patient any kind of preparations?

- Yes, for example: _____
 No

26. During a typical month, how many times do you order or perform this screening test (FOBT)?

- 0 times
 1-10 times
 11-20 times
 21-40 times
 More than 40 times

27. Which of the following do you usually recommend to a healthy, average-risk patient as an initial follow-up step to a positive FOBT?

(CHECK ALL THAT APPLY)

- A. Repeat FOBT —▶ Do you stop the work-up if the second FOBT
Is negative? Yes
 No
- B. Flexible Sigmoidoscopy.
- C. Colonoscopy.
- D. Double-contrast Barium Enema.
- E. Virtual Colonoscopy (e.g., CT colonography).

28. Do you have a mechanism (such as reminder calls or mailings, case management, or a tracking system) to ensure that patients with positive FOBT results complete initial follow-up testing?

- Yes, how? _____
- No
- Don't Know

B. Screening with Endoscopy and Other Colorectal Cancer Tests

29. The frequency of screening with **Sigmoidoscopy** is every:

- 1 year 3 years 5 years 10 years Not sure

30. During a typical month, how many times do you refer asymptomatic, average-risk patients for screening **Sigmoidoscopy**?

- 0 1-5 6-10 11-20 >20

31. The frequency of screening with **Colonoscopy** is every:

- 1 year 3 years 5 years 10 years Not sure

32. During a typical month, how many times do you refer asymptomatic, average-risk patients for screening **Colonoscopy**?

- 0 1-5 6-10 11-20 >20

33. To whom do you usually refer your patients for screening colonoscopy?

(CHECK ONE BOX)

- Gastroenterologist Surgeon Internist Other (specify): _____

34. Please indicate whether you agree or disagree with the following statements about colorectal cancer screening with Colonoscopy for asymptomatic, average-risk patients.

(CHECK ONE BOX IN EACH LINE)	Agree	Disagree	Not applicable
a. It is the best of available screening test.			
b. It is readily available for my patient.			
c. The performing specialist is busy, and can't do it for screening purposes.			
d. Other (specify):			

35. During a typical month, how many times do you refer your patients to do:

(CHECK ONE BOX IN EACH LINE)	0	1-5	6-10	11-20	> 20
a. Double-contrast barium enema					
b. Virtual colonoscopy (CT Colonography)					