

# DECISION QUALITY WORKSHEET FOR COLON CANCER TESTING

## Instructions

This survey has questions about what it is like for you to make decisions about testing for colon cancer.

Please check the box  or circle the number  2 to answer each item.

Your answers will tell us three important things:

1. What matters most to you?
2. How well are we doing our job of giving you information?
3. What do you talk about with your health care providers?

Thank you!

## Section 1: What Matters Most to You

**This set of questions includes some reasons other people give for colon cancer testing. We are interested in what is important to you.**

**Please mark on a scale from 0 to 10, how important each of the following are to you as you are thinking about your decision about testing for colon cancer.**

How important is it to you to . . .

- |   | Not at all important |   |   |   |   |   |   |   |   |   |    | Extremely important |
|---|----------------------|---|---|---|---|---|---|---|---|---|----|---------------------|
| <b>1.1.</b> find colon cancer or polyps early?                                      | 0                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                     |
| <b>1.2.</b> know whether or not you have colon cancer?                              | 0                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                     |
| <b>1.3.</b> choose a test that does not need to be done every year?                 | 0                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                     |
| <b>1.4.</b> avoid a test that requires you to handle your stool?                    | 0                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                     |
| <b>1.5.</b> avoid a test where a tube is put into your rectum to look at the colon? | 0                    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |                     |
| <b>1.6.</b> Which test do you want to have to screen for colon cancer?              |                      |   |   |   |   |   |   |   |   |   |    |                     |

- Stool blood test
- Colonoscopy
- Other: \_\_\_\_\_
- Not sure

## Section 2: Facts About Colon Cancer Testing

This set of questions asks about some facts that doctors think are important for patients to know about colon cancer testing. The correct answer to each question is based on medical research. Please do your best to answer each question.

- 2.1. Out of every 100 people, about how many people will get colon cancer at some time in their lives?

\_\_\_\_\_ write in number

- 2.2. How often do serious problems, such as serious bleeding or a tear in the colon, happen as a result of a colonoscopy?

- Usually
- Sometimes
- Rarely
- Never

- 2.3. Out of every 100 people, how many will die of colon cancer?

\_\_\_\_\_ write in number

- 2.4. How does regular colon cancer screening tests for people aged 50 to 70 affect the chance that they will die from colon cancer?

- Increases the chance of dying from colon cancer
- Decreases the chance of dying from colon cancer
- Does not change the chance of dying from colon cancer

- 2.5. If a person is at average risk for colon cancer, how often do doctors recommend they have colonoscopies?

- Every year
- Every 5 years
- Every 10 years
- Only once after age 50

## Section 3: Talking With Health Care Providers

**Please answer these questions about what happened when you talked with health care providers including doctors, nurses and other health care professionals about the different choices available for colon cancer testing.**

**3.1.** Did any of your health care providers talk about colonoscopy as an option for you?

- Yes
- No

**3.2.** How much did you and your health care providers talk about the reasons to have a colonoscopy?

- A lot
- Some
- A little
- Not at all

**3.3.** How much did you and your health care providers talk about the reasons **not** to have a colonoscopy?

- A lot
- Some
- A little
- Not at all

**3.4.** Did any of your health care providers talk about a test other than a colonoscopy to test for colon cancer as an option for you?

- Yes
- No

**3.5.** How much did you and your health care providers talk about the reasons to have a test other than colonoscopy to test for colon cancer?

- A lot
- Some
- A little
- Not at all

**3.6.** How much did you and your health care providers talk about the reasons **not** to have a test other than a colonoscopy to test for colon cancer?

- A lot
- Some
- A little
- Not at all

**3.7.** Did any of your health care providers ask you which type of colon cancer test you wanted?

- Yes
- No

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