

# Colorectal Cancer Screening Survey

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**This is a research survey to determine current tools for colorectal cancer screening. Participation is voluntary and anonymous.**

**Questions/Concerns contact T. McGarrity, M.D. at [tmcgarrity@pennstatehealth.psu.edu](mailto:tmcgarrity@pennstatehealth.psu.edu) or 717-531-3834.**

What is your current age?

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What is your gender?

- Male
- Female

What is your primary race?

- American Indian or Alaskan Native
- Asian
- Black or African American
- White
- Native Hawaiian or other Pacific Islander
- Decline to answer

What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino
- Decline to answer

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**Have you had the following Colorectal Cancer Screening tests?**

	Yes	No
Colonoscopy in past 10 years?	<input type="radio"/>	<input type="radio"/>
Stool blood test in past year?	<input type="radio"/>	<input type="radio"/>
Stool DNA test in past 3 years?	<input type="radio"/>	<input type="radio"/>
CT Colonography in past 5 years?	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy in past 5 years?	<input type="radio"/>	<input type="radio"/>
Sigmoidoscopy in past 10 years plus stool blood test in past year?	<input type="radio"/>	<input type="radio"/>

Questions adapted from USPSTF JAMA 2016; 315:2564

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**1. Do you have a first-degree relative (mother, father, brother, sister, child) with any of the following conditions diagnosed before age 50?**

	Yes	No	Unknown
Colon or rectal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer of the uterus, ovary, stomach, small intestine, urinary tract (kidney, ureter, bladder), bile ducts, pancreas or brain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Questions adapted from: Giardiello et al. with permission.  
Am j. Gastro 2014; 109:1159-1179

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**2. Have you had any of the following conditions diagnosed before age 50?**

	Yes	No
Colon or rectal cancer	<input type="radio"/>	<input type="radio"/>
Colon or rectal polyps	<input type="radio"/>	<input type="radio"/>

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**Colorectal Cancer Risk Survey**

- |   | Yes                   | No                    | Unknown               |
|---|-----------------------|-----------------------|-----------------------|
| 3. Do you have three or more relatives with a family history of colon or rectal cancer?<br>(This includes parents, brothers, sisters, children, grandparents, aunts, uncles and cousins.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Do you have any first-degree relatives (mother, father, brother, sister or child) with cancer of the colon or rectum diagnosed under age 60?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have more than 1 first-degree relative with colon or rectal cancer?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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