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CANCER SCREENING PATIENT SURVEY

This survey is part of a program to help doctors improve the care they give patients. The American Board of Internal Medicine (ABIM) sponsors the program.

Cancer is one of the most important health problems in the United States. You can help our office give you the best possible care by completing this survey about your own medical care. The survey is easy to do. It will take less than 15 minutes. You can do it by using the telephone or the Internet, and no one in your doctor's office will know how you answered the questions. If you choose not to answer, that's okay.

Your doctor's office may offer to collect your written responses and enter them over the Internet for you. This is okay. If you give your completed survey to someone in your doctor's office, they may know how you answered the questions. To help keep your answers private, please do not write your name on the survey.

Important: If you have not had an appointment with this doctor in the last 12 months, these questions will not apply to you. Thank you for your willingness to participate but this survey is intended for patients who recently visited the doctor's office. If you are scheduled to see this doctor soon, you may wish to complete this survey after your visit.



USE A TOUCH-TONE PHONE (For U.S. Residents Only)

You may want to read the questions and pick your answers before you call.

- Call the toll-free telephone number: **1-888-591-3528**
- Enter the identification number for **Physician's Name Here**
Physician's ID Number Here
- Answer the questions using the telephone key pad. You can have someone help you.



USE THE INTERNET (For U.S. and International Residents)

- Go to <https://survey.abim.org>
- Select English or Spanish
- Enter the identification number for **Physician's Name Here**
Physician's ID Number Here
- Click on the "Begin Survey" button
- Read the questions and select your answers
- When you finish, click on the "Submit Survey" button

Thank you very much.

1. **Please enter the two-digit number that represents your age?**
2. **Please enter your gender.**
 - 1 Male
 - 2 Female
 - 3 Skip this question
3. **How would you rate your overall health?**
 - 1 Excellent
 - 2 Very good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
4. **Some jobs can pose risks to your health. Whether you have this kind of job or not, has your doctor (or other staff in the office asked about the kinds of work you have done?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
5. **Alcohol can cause many health problems, including some cancers. Whether you drink alcohol or not, has your doctor (or other staff in the office) asked if you drink alcohol?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
6. **Do you currently drink alcohol?**
 - 1 Yes
 - 2 No
 - 3 Skip this question
7. **If you don't drink alcohol now, did you drink regularly at any time in the past?**
 - 1 Yes
 - 2 No
 - 3 Skip this question
8. **Some types of sexual activity can pose risks to your health. In the past 12 months, has your doctor asked about your sexual history?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
9. **Do you currently smoke cigarettes?**
 - 1 Yes
 - 2 No
 - 3 Skip this question
10. **Has your doctor advised you to stop smoking?**
 - 1 Yes, more than once
 - 2 Yes, once
 - 3 No
 - 4 I'm not sure
 - 5 Skip this question
11. **Did your doctor (or other staff in the office) offer you assistance, medication, or a referral to help you stop smoking?**
 - 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
12. **If you don't smoke now, did you smoke regularly at any time in the past?**
 - 1 Yes
 - 2 No
 - 3 Skip this question
13. **If you don't smoke now, are you regularly exposed to cigarette smoke at home or at work?**
 - 1 Yes
 - 2 No
 - 3 Skip this question

- 14. How is this doctor (or other staff in the office) at encouraging you to ask questions and answering them clearly?**
- 1 Excellent
 - 2 Very Good
 - 3 Good
 - 4 Fair
 - 5 Poor
 - 6 Skip this question
- 15. If you are woman age 40 to 49, have you and your doctor made a decision together about whether or not you should have a mammogram this year to screen for breast cancer?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Not applicable because I have been diagnosed with breast cancer
 - 5 Skip this question
- 16. If you are a woman age 50 or older, has this doctor recommended that you have a mammogram to screen for breast cancer?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Not applicable because I have already been diagnosed with breast cancer
 - 5 Skip this question
- 17. If you are a woman age 65 or younger, has this doctor recommended that you have a Pap smear to screen for cervical cancer?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Not applicable because I have been diagnosed with cervical cancer
 - 5 Skip this question
- 18. If you are a man age 50 or older, have you and your doctor made decisions together about whether or not you should have a screening test for prostate cancer?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Not applicable because I have been diagnosed with prostate cancer
 - 5 Skip this question
- 19. If you are 50 or older, has this doctor recommended that you have a screening test for colorectal cancer?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Not applicable because I have been diagnosed with colorectal cancer
 - 5 Skip this question
- 20. Would you recommend this practice to family and friends?**
- 1 Yes
 - 2 No
 - 3 I'm not sure
 - 4 Skip this question
- 21. In the past 12 months, how much of a problem has it been to schedule appointments with this practice?**
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
 - 5 Skip the question
- 22. In the past 12 months, how much of a problem has it been to reach this practice when you have a question or concern?**
- 1 Not a problem
 - 2 A small problem
 - 3 A big problem
 - 4 Not applicable
 - 5 Skip the question

23. In the past 12 months, how much of a problem has it been to get a prescription refill from this practice?

- 1 Not a problem
- 2 A small problem
- 3 A big problem
- 4 Not applicable
- 5 Skip the question

24. In the past 12 months, how much of a problem has it been to get your test results from this practice?

- 1 Not a problem
- 2 A small problem
- 3 A big problem
- 4 Not applicable
- 5 Skip the question

25. In the past 12 months, how much of a problem has it been to get a referral from this practice?

- 1 Not a problem
- 2 A small problem
- 3 A big problem
- 4 Not applicable
- 5 Skip this question

SAMPLE