

Cancer Screening PIM Chart Questions

No.	Question Text	Responses
1	The patient identifier below is for your reference only. Some physicians choose to enter a medical record number or patient initials. Any combination of letters and numbers that are meaningful to you may be used.	N/A
2	Patient ID	N/A
3	NOTE: For the Patient Visit Date below, enter the most recent visit date.	N/A
4	Patient Visit Date	N/A
5	Gender:	[1] Male [2] Female
6	Age at the most recent visit:	N/A
7	Is the zip code of the patient's primary residence documented in the medical record?	[1] Yes [2] No
8	5-digit zip code:	N/A
9	Patient is Hispanic or of Latino origin or descent:	[1] Yes [2] No [3] Unknown
10	Race (check all that apply):	[1] White [2] Black or African American [3] Asian [4] Native Hawaiian or other Pacific Islander [5] American Indian or Alaska Native [6] Other [7] Unknown
11	Have language barriers affected your ability to care for this patient?	[1] Not at all [2] Somewhat [3] Greatly
12	What is the patient's expected source(s) of payment at the most recent visit, which is listed above? Check all that apply.	[1] Private insurance [2] Traditional Medicare (Part B) [3] Medicare Advantage/HMO (Part C) [4] Medicare - type unknown [5] Medicaid/SCHIP [6] Worker's compensation [7] VA, military, or other government [8] Self-pay (not counting co-payment) [9] No charge or charity care [10] Other [11] Unknown
13	Has the patient's health insurance status affected the choices of care you made for this patient?	[1] Not at all [2] Somewhat [3] Greatly

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14	Medical Conditions	N/A
15	Does the patient have any of the following medical conditions?	N/A
16	History of breast cancer, ductal carcinoma in situ, or lobular carcinoma in situ	[1] Yes [2] No
17	History of prostate cancer	[1] Yes [2] No
18	History of colon cancer or adenomatous polyps	[1] Yes [2] No
19	History of HIV/AIDS	[1] Yes [2] No
20	Family History	N/A
21	Does the patient have a family history of the following medical conditions in a first or second degree relative?	N/A
22	Family history of breast cancer	[1] Yes [2] No [3] Not documented
23	Family history of ovarian cancer	[1] Yes [2] No [3] Not documented
24	Family history of prostate cancer	[1] Yes [2] No [3] Not documented
25	Family history of colon cancer or adenomatous polyps	[1] Yes [2] No [3] Not documented
26	Age of relative with colon cancer or adenomatous polyp when diagnosed (if more than one relative with diagnosis, enter age of youngest diagnosed relative):	N/A
27	Physical Findings	N/A
28	Is the patient's weight documented in the medical record?	[1] Yes, in pounds [2] Yes, in kilograms [3] No
29	Weight in pounds:	N/A
30	Weight in kilograms:	N/A
31	Is the patient's height (from any visit) documented in the medical record?	[1] Yes, in inches [2] Yes, in centimeters [3] No
32	Height in inches:	N/A
33	Height in centimeters:	N/A

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34	If both weight and height are not available, what is the patient's body habitus?	[1] Underweight (BMI < 18.5) [2] Normal (BMI 18.5 - 24.9) [3] Overweight (BMI 25 - 29.9) [4] Obese (BMI >= 30) [5] Not documented
35	Risk Assessments & Counseling	N/A
36	Obesity	N/A
37	If the patient is obese (BMI > 30), has he/she been referred to a multidisciplinary program to address the health risks of obesity?	[1] Yes [2] No [3] Not applicable; patient is not obese
38	Smoking Status	N/A
39	Is the patient a current smoker?	[1] Yes [2] No [3] Not documented
40	Is the patient a former smoker?	[1] Yes [2] No [3] Not documented
41	Is the patient regularly exposed to second-hand smoke at home or in the workplace?	[1] Yes [2] No [3] Not documented
42	Smoking Cessation Support	N/A
43	Is there documentation of smoking cessation counseling?	[1] Yes [2] No
44	Date of the most recently documented smoking cessation counseling:	N/A
45	During the past 12 months, what type of smoking-cessation support has been offered? (Check all that apply)	[1] Brief advice to stop smoking [2] Support within the office practice [3] Referral to a smoking-cessation program [4] Medication (e.g., nicotine replacement therapy, bupropion, varenicline) [5] No support has been offered during the past 12 months [6] Other
46	Alcohol Use	N/A
47	Which statement most accurately describes the patient's alcohol use?	[1] Currently drinks alcohol [2] Does not currently drink, but formerly consumed alcohol [3] Has never consumed alcohol [4] Not documented
48	Has the patient's current level of alcohol use been documented in the medical record within the last 12 months?	[1] Yes [2] No

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49	Has the patient's prior history of alcohol use been documented in the medical record?	[1] Yes [2] No
50	Does the chart document a discussion of the risks and potential benefits of alcohol use with this patient?	[1] Yes [2] No
51	Sexual History	N/A
52	Is the patient's sexual history documented in the medical record?	[1] Yes [2] No
53	Is the patient at high risk for acquiring a sexually transmitted infection?	[1] Yes [2] No [3] Not documented
54	Has the patient received high-intensity behavioral counseling to reduce the risk of sexually-transmitted infections?	[1] Yes [2] No
55	Occupational Exposures	N/A
56	Does the patient have any health risks relating to current or prior occupational exposures?	[1] Yes [2] No [3] Not documented
57	Screening Tests	N/A
58	HIV	N/A
59	Has the patient been screened for HIV infection?	[1] Yes [2] No - test offered but patient declined [3] No - test not offered because local prevalence of undiagnosed HIV infection is <1:1,000 [4] No - test not offered
60	Date of the most recent test:	N/A
61	Colorectal Cancer	N/A
62	Has the patient been screened for colorectal cancer?	[1] Yes [2] No

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63	Indicate which screening tests were done as part of the most recent cycle of testing. For example, if you screened this patient with flexible sigmoidoscopy plus fecal occult blood testing, indicate both tests. If you performed only colonoscopy for this cycle, indicate only that test, even if other tests have been performed for prior cycles of screening.	[1] High-sensitivity guaiac-based fecal occult blood testing (FOBT) [2] Flexible sigmoidoscopy [3] Colonoscopy [4] CT colonography [5] Double-contrast barium enema (DCBE) [6] Fecal immunochemical testing (FIT) [7] High Sensitivity Fecal DNA [8] None of the above
64	Date of the most recent FOBT test:	N/A
65	Date of the most recent sigmoidoscopy test:	N/A
66	Date of the most recent colonoscopy test:	N/A
67	Date of the most recent CT colonography test:	N/A
68	Date of the most recent DCBE test:	N/A
69	Date of the most recent FIT test:	N/A
70	Date of the most recent Fecal DNA test:	N/A
71	Cervical Cancer	N/A
72	Has the patient had a Papanicolaou (PAP) smear to screen for cervical cancer?	[1] Yes [2] No [3] Not applicable - patient does not have a cervix
73	Date of the most recent test:	N/A
74	Breast Cancer	N/A
75	Has the patient had a screening mammography for breast cancer?	[1] Yes [2] No
76	Date of the most recent test:	N/A
77	Prostate Cancer	N/A
78	What is the patient's preference concerning prostate cancer screening?	[1] Patient wishes to have screening [2] Patient does NOT wish to have screening [3] Patient defers the screening decision to the physician [4] Patient preference was not assessed
79	Was prostate screening performed?	[1] Yes [2] No

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80	Date of the most recent test:	N/A
81	Functional Status	N/A
82	Which of the following best describes this patient's current physical functional status (e.g., physical ability)?	[1] Fully active; able to carry on all performance without restriction. [2] Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature (e.g., light house work, office work). [3] Ambulatory and capable of self-care but unable to carry out any work activities. Up and about more than 50% of waking hours. [4] Capable of only limited self-care; confined to bed or chair more than 50% of waking hours. [5] Completely disabled. Cannot carry on any self-care. Totally confined to bed or chair.
83	Is the patient independent in instrumental activities of daily living (IADLs)?	[1] Yes [2] No [3] Not documented
84	Is the patient independent in activities of daily living (ADLs)?	[1] Yes [2] No [3] Not documented
85	Barriers to Self Care	N/A
86	Is there evidence in this patient's medical record suggesting that one or more of the following factors limits the patient's ability to engage in self-care?	N/A
87	Psychiatric illness or cognitive impairment	[1] Yes [2] No
88	Problems with adherence	[1] Yes [2] No
89	Other medical conditions	[1] Yes [2] No
90	Social factors	[1] Yes [2] No