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National Survey of Primary Care Physicians' Cancer Screening Recommendations and Practices

Breast and Cervical Cancer Screening Questionnaire

Conducted by:

In collaboration with:

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The National Survey of Primary Care Physicians' Cancer Screening Recommendations and Practices, sponsored by the National Cancer Institute (NCI) in collaboration with the Agency for Healthcare Research and Quality and Centers for Disease Control and Prevention, is a nation-wide survey of family and general practitioners, general internists, and obstetrician/gynecologists.

In this survey, we request that you answer questions about your attitudes and practices related to breast and cervical cancer screening procedures, **even if you are not currently performing these procedures yourself.** Because the survey is designed to accommodate a wide range of primary care physicians and practice settings, you may find that some questions do not apply to you.

Your name and contact number were provided to us by the American Medical Association. All information you provide in this survey will remain confidential. Your answers will be aggregated with those of other respondents in reports to NCI and any other parties.

Participation is voluntary, and there are no penalties to you for not responding. However, not responding could seriously affect the accuracy of final results, and your point of view may not be adequately represented in the survey findings.

Please fill out this survey within one week after you have received it. If you have any questions about the survey, please call us toll free at (800) 937- 8281 ext. 8343 or email at cathyanngrundmayer@westat.com.

Please return the completed survey in the enclosed postage-paid envelope. If another envelope is used, please send to:

Westat
Attn: Cathy Ann Grundmayer, TB-350
1650 Research Blvd.
Rockville, Maryland 20850

National Survey of Primary Care Physicians' Cancer Screening Recommendations and Practice

Survey Instructions:

- Cancer screening is defined in this survey as the periodic use of a testing procedure intended to find people at increased risk for cancer before its clinical detection or incidental discovery. Abnormal screening tests need to be evaluated to find those individuals with cancer. Cancer screening is used in patients who display no signs or symptoms of possible cancer (i.e., pain, bleeding, palpable masses, etc.).
- Many primary care physicians work in more than one setting. For the purpose of this survey, your main primary care practice is the one in which you spend the most hours per week.
- Most items are multiple choice. Please use an X or check mark to indicate your answers.
- For relevant items, if your answer is not adequately represented by available choices, please write it in after "Other (specify): _____".

Part A. Breast & Cervical Cancer Screening: General

****A1. How effective do you believe the following screening procedures are in reducing cancer mortality in average-risk women?**

How effective is… (CHECK ONE BOX ON EACH LINE)	**Very Effective**	**Somewhat Effective**	**Not Effective**	**Effective-ness Not Known**	**Not Sure**
Breast Cancer Procedures:					
a. Clinical breast exam (performed by practitioner)	1☐	2☐	3☐	4☐	5☐
b. Breast self-exam (performed by patient)	1☐	2☐	3☐	4☐	5☐
c. Screen-film mammography for women 40-49 years	1☐	2☐	3☐	4☐	5☐
d. Screen-film mammography for women 50+ years	1☐	2☐	3☐	4☐	5☐
e. Digital mammography	1☐	2☐	3☐	4☐	5☐
Cervical Cancer Procedures:					
f. Pap test (conventional cytology)	1☐	2☐	3☐	4☐	5☐
g. Pap test (liquid based cytology, *e.g.,* Thin Prep® or SurePath®)	1☐	2☐	3☐	4☐	5☐
h. HPV DNA test with Pap test	1☐	2☐	3☐	4☐	5☐

****A2. In your clinical practice how influential are breast and cervical cancer screening guidelines from the following organizations?**

How influential is… (CHECK ONE BOX ON EACH LINE)	**Very Influential**	**Somewhat Influential**	**Not Influential**	**Not Applicable or Not Familiar With**
Breast Cancer Screening Guidelines from:				
a. U.S. Preventive Services Task Force	1☐	2☐	3☐	4☐
b. American Cancer Society	1☐	2☐	3☐	4☐
c. American College of Obstetricians & Gynecologists	1☐	2☐	3☐	4☐
d. American Academy of Family Physicians	1☐	2☐	3☐	4☐
e. American College of Physicians	1☐	2☐	3☐	4☐
f. Other (specify): ☐	1☐	2☐	3☐	4☐
Cervical Cancer Screening Guidelines from:				
g. U.S. Preventive Services Task Force	1☐	2☐	3☐	4☐
h. American Cancer Society	1☐	2☐	3☐	4☐
i. American College of Obstetricians & Gynecologists	1☐	2☐	3☐	4☐
j. American Academy of Family Physicians	1☐	2☐	3☐	4☐
k. American College of Physicians	1☐	2☐	3☐	4☐
l. Other (specify): ☐	1☐	2☐	3☐	4☐

Part B. Breast Cancer Screening

NOTE: Please respond based on how you actually practice; we are interested in how your patients are screened.

****B1. Please complete the table below based on your recommendations to asymptomatic, average-risk female patients (in good health for their age) for breast cancer screening. If you do not routinely recommend a particular screening test, check "no" and go to the next row.**

For women 40-49 years old, do you routinely recommend…	Your Recommended Frequency of Screening
a. Clinical breast exam (performed by practitioner) 1☐ Yes 2☐ No	EVERY _____ MONTHS
b. Breast self-exam (performed by patient) 1☐ Yes 2☐ No	EVERY _____ MONTHS
c. Mammography 1☐ Yes 2☐ No	EVERY _____ MONTHS

For women 50+ years old, do you routinely recommend…	Your Recommended Frequency of Screening	Is there an age at which you no longer recommend screening for healthy women?
d. Clinical breast exam (performed by practitioner) 1☐ Yes 2☐ No	EVERY _____ MONTHS	1☐ Yes, age ____ ____ 2☐ No
e. Breast self-exam (performed by patient) 1☐ Yes 2☐ No	EVERY _____ MONTHS	1☐ Yes, age ____ ____ 2☐ No
f. Mammography 1☐ Yes 2☐ No	EVERY _____ MONTHS	1☐ Yes, age ____ ____ 2☐ No

B2. Which screening test or test combination would you be <u>most likely</u> to recommend for the following female patients? Assume that they are:

- **Asymptomatic and at average risk; and**
- **Treated in an ideal setting, without systemic or financial barriers to receiving care.**

Which screening test(s) would you recommend for a… (CHECK ONE BOX ON EACH LINE)	**Clinical breast exam only**	**Mammo-graphy only**	**Both clinical breast exam and mammo-graphy**	**Other *(specify):***	**No screening**
a. Healthy 50-year-old	01☐	02☐	03☐		06☐
b. Healthy 65-year-old	01☐	02☐	03☐		06☐
c. Healthy 80-year-old	01☐	02☐	03☐		06☐
d. 50-year-old with ischemic cardiomyopathy who experiences dyspnea with ordinary activity (NY Heart Association Class II) treated with appropriate medication	01☐	02☐	03☐		06☐
e. 65-year-old with ischemic cardiomyopathy who experiences dyspnea with ordinary activity (NY Heart Association Class II) treated with appropriate medication	01☐	02☐	03☐		06☐
f. 80-year-old with ischemic cardiomyopathy who experiences dyspnea with ordinary activity (NY Heart Association Class II) treated with appropriate medication	01☐	02☐	03☐		06☐
g. 50-year-old with unresectable non-small cell lung cancer	01☐	02☐	03☐		06☐
h. 65-year-old with unresectable non-small cell lung cancer	01☐	02☐	03☐		06☐
i. 80-year-old with unresectable non-small cell lung cancer	01☐	02☐	03☐		06☐

B3. There are several components to providing breast cancer screening and follow-up care. For each component of care listed below, please indicate how this service is usually delivered to your female patients.

(CHECK ALL THAT APPLY ON EACH LINE)	**I do this myself**	**Another medical care provider in my practice (*e.g.,* nurse practitioner, physician's assistant) and I share responsibility for this care**	**Another medical care provider in my practice (*e.g.,* nurse practitioner, physician's assistant) provides this care**	**Another physician (*e.g.,* radiologist, surgeon, etc.) to whom I refer my patients provides this care**	**I am not involved in this care**	**Other (Describe)**
a. Discuss risks and benefits of breast cancer screening	☐	☐	☐	☐	☐	☐
b. Refer for mammography	☐	☐	☐	☐	☐	☐
c. Perform clinical breast exam	☐	☐	☐	☐	☐	☐
d. Discuss mammography results with patients	☐	☐	☐	☐	☐	☐
e. Recommend follow-up care for positive clinical breast exam	☐	☐	☐	☐	☐	☐
f. Recommend follow-up care for positive mammogram	☐	☐	☐	☐	☐	☐
g. Teach breast self-exam	☐	☐	☐	☐	☐	☐

B4. During a typical month, how many asymptomatic, average-risk female patients do you refer for screening mammography? (YOUR BEST ESTIMATE IS FINE).
(CHECK ONE BOX)

- ☐ 0 (SKIP TO QUESTION B5)
- ☐ 1-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ More than 40

B4a. How often do you refer your asymptomatic, average-risk female patients specifically for breast cancer screening with digital mammography?
(CHECK ONE BOX)

- 1☐ Never
- 2☐ Rarely
- 3☐ Sometimes
- 4☐ Usually

****B5. When you talk to your asymptomatic, average-risk female patients about breast cancer screening, how often do you encounter the following?**

(CHECK ONE BOX ON EACH LINE)	Never	Rarely	Some-times	Usually
a. Not having enough time to discuss screening with my patients	1☐	2☐	3☐	4☐
My patients… b. Do not want to discuss breast cancer screening	1☐	2☐	3☐	4☐
c. Have difficulty understanding the information I present about breast cancer screening	1☐	2☐	3☐	4☐
d. Are unaware of breast cancer screening	1☐	2☐	3☐	4☐
e. Do not perceive breast cancer as a serious health threat	1☐	2☐	3☐	4☐
f. Cannot afford or lack adequate insurance coverage for screening mammography	1☐	2☐	3☐	4☐
g. Other (*specify*): _____	1☐	2☐	3☐	4☐

B6. How often do you encounter the following barriers to breast cancer screening for asymptomatic, average risk female patients in your practice?

(CHECK ONE BOX ON EACH LINE)	Never	Rarely	Some-times	Usually
a. My patients do not follow through to complete screening mammography	1☐	2☐	3☐	4☐
b. There is a shortage of facilities/trained providers in my geographic area of practice to perform screening mammography	1☐	2☐	3☐	4☐
c. Other *(specify)*:_____	1☐	2☐	3☐	4☐

B7. During the past 12 months, how often did your female patients wait more than 2 months after making an appointment to undergo the following procedures?

(CHECK ONE BOX ON EACH LINE)	Never	Rarely	Some-times	Usually	Don't Know
a. Screening mammography	1☐	2☐	3☐	4☐	8☐
b. Diagnostic mammography	1☐	2☐	3☐	4☐	8☐
c. Follow-up for a lump found during clinical breast exam performed by practitioner	1☐	2☐	3☐	4☐	8☐
d. Follow-up for an abnormal mammogram	1☐	2☐	3☐	4☐	8☐

B8. During a typical month, on how many asymptomatic, average-risk female patients do you personally perform a clinical breast exam?
(CHECK ONE BOX)

- ☐ 0
- ☐ 1-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ More than 40

Part C. Cervical Cancer Screening

C1. During a typical month, for how many <u>asymptomatic</u>, <u>average-risk</u> female patients do you personally order or perform cervical cancer screening with Pap testing?
(CHECK ONE BOX)

- ☐ 0 (SKIP TO QUESTION C5 PAGE 11)
- ☐ 1-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ More than 40

C2. Do you order or perform Pap testing, or work with a Nurse Practitioner or Physician's Assistant who orders or performs Pap testing for your female patients?
(CHECK ALL THAT APPLY)

- ☐ I personally order Pap testing
- ☐ I personally perform Pap testing
- ☐ I work with a Nurse Practitioner or Physician's Assistant who orders or performs Pap testing for my patients
- ☐ Other *(specify)*: _____

C3. Which cytology method do you use most often for cervical cancer screening?
(CHECK ONE BOX)

- 01 ☐ Liquid-based – specimen suspended in liquid solution (*e.g.,* Thin Prep® or SurePath®)
- 02 ☐ Conventional cytology – smear spread on glass slide and fixed (*e.g.,* Pap test)
- 95 ☐ Other (*specify*): _____
- 98 ☐ Don't know

C4. Assume that the following female patients present for a routine visit in your office. What would you be most likely to recommend for Pap testing at this visit?

What would you recommend for a.. (CHECK ONE BOX ON EACH LINE)	**Pap annually (at least for the first 3 years)**	**Pap every 2 years**	**Pap every 3 years**	**Pap > every 3 years**	**Other *(specify):***	**No Pap**
a.18-year-old who has never had sexual intercourse and is presenting for her first gynecologic visit	01☐	02☐	03☐	04☐		05☐
b.18-year-old who had sexual intercourse for the first time 1 month ago and is presenting for her first gynecologic visit	01☐	02☐	03☐	04☐		05☐
c.18-year-old who first had sexual intercourse 3 years ago and is presenting for her first gynecologic visit	01☐	02☐	03☐	04☐		05☐
d. 25-year-old who has had no new sexual partners in the last 5 years and 3 consecutive negative Pap tests performed by you	01☐	02☐	03☐	04☐		05☐
e.35-year-old who has had no new sexual partners in the last 5 years and 3 consecutive negative Pap tests performed by you	01☐	02☐	03☐	04☐		05☐
f. 35-year-old who has had no new sexual partners in the last 5 years and 1 negative Pap test performed 12 months ago	01☐	02☐	03☐	04☐		05☐

What would you recommend for a.. (CHECK ONE BOX ON EACH LINE)	**Pap annually (at least for the first 3 years)**	**Pap every 2 years**	**Pap every 3 years**	**Pap > every 3 years**	**Other *(specify):***	**No Pap**
g. 35-year-old whose cervix was removed last year during hysterectomy for symptomatic fibroids. She has no history of cervical, vaginal, or vulvar dysplasia, and 3 consecutive negative Pap tests performed by you.	01☐	02☐	03☐	04☐		05☐
h. Healthy 66-year-old who has had no new sexual partners in the last 5 years and 3 consecutive negative Pap tests performed by you.	01☐	02☐	03☐	04☐		05☐
i. 66-year-old with unresectable non-small cell lung cancer and 3 consecutive negative Pap tests performed by you	01☐	02☐	03☐	04☐		05☐
j. Healthy 71-year-old who has had no new sexual partners in the last 5 years and 3 consecutive negative Pap tests performed by you	01☐	02☐	03☐	04☐		05☐

C5. Do you ever recommend Human Papilloma Virus (HPV) DNA testing for your female patients?

1☐ Yes, I recommend HPV DNA testing with the Pap test for routine cervical cancer screening

2☐ Yes, I recommend HPV DNA testing as a followup test for an abnormal Pap test

3☐ No, I do not recommend HPV DNA testing at all (SKIP TO QUESTION C6 PAGE 13)

C5a. How often do you recommend Pap and HPV DNA testing for the following female patients?

(WRITE FREQUENCY OF TESTS IN EACH BOX)	**Frequency of Pap Test** (If you would not perform the test again, indicate 0)	**Frequency of HPV DNA Test** (If you would not perform the test again, indicate 0)
i. Age 35; both HPV DNA test and Pap cytology this year were negative	_____ year(s)	_____ year(s)
ii. Age 35; HPV DNA test is positive; Pap cytology is negative; both tests were performed this week	_____ year(s)	_____ year(s)
iii. Age 35; HPV DNA test is negative; Pap cytology shows ASC-US (atypical squamous cells of undetermined significance) cytology; both tests were performed this week	_____ year(s)	_____ year(s)

C5b. For which abnormal or borderline Pap test result would you order an HPV DNA test?
(CHECK ALL THAT APPLY)

- ☐ ASC-US (atypical squamous cells of undetermined significance)
- ☐ ASC-H (atypical squamous cells of undetermined significance – cannot exclude high-grade intraepithelial lesion)
- ☐ LSIL (low-grade squamous intraepithelial lesion, encompassing mild dysplasia/CIN1)
- ☐ HSIL (high-grade squamous intraepithelial lesion, moderate dysplasia/CIN2, severe dysplasia/CIN3, and carcinoma *in situ*)
- ☐ AGC (atypical glandular cells)

C6. Indicate your level of agreement with the following statements:

(CHECK ONE BOX ON EACH LINE)	Strongly Agree	Some-what Agree	Some-what Disagree	Strongly Disagree	Not Sure
a. A 35-year-old woman with no new sexual partners and whose annual Pap tests over the past 5 years were negative should continue receiving annual pelvic exams	1☐	2☐	3☐	4☐	5☐
b. HPV DNA testing with Pap testing is more accurate than the Pap test alone in predicting cervical cancer	1☐	2☐	3☐	4☐	5☐
c. The HPV vaccine will impact when I start cervical cancer screening among females who have been fully vaccinated with the HPV vaccine	1☐	2☐	3☐	4☐	5☐
d. The HPV vaccine will impact how often I screen for cervical cancer among females who have been fully vaccinated with the HPV vaccine	1☐	2☐	3☐	4☐	5☐

C7. There are several types of practice settings in which cervical cancer screening and follow-up can be handled. For the female patients below who are HPV positive and recently had a Pap test showing ASC-US, please indicate what you would typically do.

(CHECK ONE BOX ON EACH LINE)	Manage in my own practice	Refer to another practitioner *(specify type)*
a. Premenopausal , < 30 years old	1☐	2☐ _____
b. Premenopausal , >= 30 years old	1☐	2☐ _____
c. Post menopausal	1☐	2☐ _____

C8. During the past 12 months, did any of your patients ask if they can or should be <u>tested</u> for HPV?

1☐ Yes ⟶ How many patients? ___ ___ ___ (Please give your best estimate.)

2☐ No

C9. During the past 12 months, did any of your patients ask if they can or should be <u>vaccinated against</u> HPV?

1☐ Yes ⟶ How many patients? ___ ___ ___ (Please give your best estimate.)

2☐ No

Part D. Practice and Other Characteristics

The questions in this final section will help us to better understand you and your medical practice.

D1. During a typical month, approximately what percent of your professional time do you spend in the following activities?

a.	Providing Primary Care	___ ___ ___ %
b.	Providing Subspecialty Care	___ ___ ___ %
c.	Research	___ ___ ___ %
d.	Teaching	___ ___ ___ %
e.	Administration	___ ___ ___ %
f.	Other *(specify)*:_____	___ ___ ___ %
Total		**1 0 0 %**

Some primary care physicians work in more than one location. Please answer the following questions as they relate to your <u>main</u> primary care practice location, that is, the setting where you spend the most hours per week.

***D2. Which of the following categories best describes your main primary care practice location (i.e., the practice location where you spend the most hours per week)? Are you a…**

(CHECK ONE BOX)

01☐ Full- or part-owner of a physician practice
02☐ Employee of a physician-owned practice
03☐ Employee of a large medical group or health care system
04☐ Employee of a group or staff model HMO
05☐ Employee of a university hospital or clinic
06☐ Employee of a hospital or clinic not associated with a university (including community health clinics)
95☐ Other (specify): ☐

***D3. Including yourself, about how many physicians are in this main primary care practice location?**
(CHECK ONE BOX)

- ☐ 1
- ☐ 2 – 5
- ☐ 6 - 15
- ☐ 16 - 49
- ☐ 50 - 99
- ☐ 100+

***D3a. Is your main primary care practice in a single specialty or multi-specialty setting (where a multi-specialty practice includes specialists other than primary care physicians)?**
(CHECK ONE BOX)

- 01 ☐ Single specialty
- 02 ☐ Multi-specialty
- 95 ☐ Other (*specify):* ☐

D4. How many nurse practitioners and/or physician assistants are in your main primary care practice location?
(CHECK ONE BOX)

- ☐ 0
- ☐ 1
- ☐ 2+

D5. Does your main primary care practice have a mechanism to remind <u>you</u> or <u>other members of the care team</u> that a patient is due for breast or cervical cancer screening?

(CHECK ALL THAT APPLY IN EACH COLUMN)	Breast Cancer Screening	Cervical Cancer Screening
a. Yes, special notation or flag in patient's chart	☐	☐
b. Yes, computer prompt or computer-generated flow sheet	☐	☐
c. Yes, I routinely look it up in the medical record at the time of a visit	☐	☐
d. Yes, other mechanism *(specify)*: _____	☐	☐
e. No	☐	☐
f. Don't Know	☐	☐

D6. Does your main primary care practice have a mechanism to remind your <u>patients</u> that they are due for breast or cervical cancer screening?

(CHECK ALL THAT APPLY IN EACH COLUMN)	Breast Cancer Screening	Cervical Cancer Screening
a. Yes, verbal prompt from you or another member of the care team during an office visit	☐	☐
b. Yes, reminder by US Mail	☐	☐
c. Yes, reminder telephone call	☐	☐
d. Yes, reminder by e-mail	☐	☐
e. Yes, personalized Web page	☐	☐
f. Yes, other mechanism *(specify)*: _____	☐	☐
g. No	☐	☐
h. Don't Know	☐	☐

D7. Has your main primary care practice implemented <u>guidelines</u> for <u>breast cancer screening</u>?

1☐ Yes

2☐ No (SKIP TO D8)

D7a. Do you have access to these practice guidelines in an electronic format (such as a Web site or computer information system)?

(CHECK ONE BOX ON EACH LINE)	Yes	No
i. At the point of care (*e.g.*, exam room)	☐	☐
ii. At your desk or a work station, away from the point of care	☐	☐

D8. Has your main primary care practice implemented <u>guidelines</u> for <u>cervical cancer</u> screening?

1☐ Yes

2☐ No (SKIP TO D9)

D8a. Do you have access to these practice guidelines in an electronic format (such as a Web site or computer information system)?

(CHECK ONE BOX ON EACH LINE)	Yes	No
i. At the point of care (*e.g.,* exam room)	☐	☐
ii. At your desk or a work station, away from the point of care	☐	☐

D9. What type of medical record system does your main primary care practice use?
(CHECK ONE BOX)

1☐ Paper charts

2☐ Partial electronic medical records (*e.g.*, lab results available electronically, but patient history on paper)

3☐ In transition from paper to full electronic medical records

4☐ Full electronic medical records

D10. Does your main primary care practice have a system to track patients who do not complete follow-up of an abnormal screening result?

a. Breast Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

b. Cervical Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

D11. Does your main primary care practice have a mechanism to inform patients of <u>abnormal</u> results?

(CHECK ALL THAT APPLY IN EACH COLUMN)	Breast Cancer Screening	Cervical Cancer Screening
a. Yes, letter sent by US mail	☐	☐
b. Yes, telephone call	☐	☐
c. Yes, e-mail message	☐	☐
d. Yes, other mechanism *(specify)*:	☐	☐
e. Yes, don't know method, handled by other department	☐	☐
f. No	☐	☐

D12. Do you or does someone in your main primary care practice arrange a screening visit for eligible patients when their current appointment is for another reason?

a. Breast Cancer Screening

1☐ Yes
2☐ No

b. Cervical Cancer Screening

1☐ Yes
2☐ No

D13. During the past 12 months, did you receive reports from any source regarding rates of cancer screening for your patients?

a. Breast Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

b. Cervical Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

D14. Did you receive reports that allowed you to compare your own performance with your own patients to the performance of other practitioners and their patients?

a. Breast Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

b. Cervical Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

D15. During the past 12 months, were your payments adjusted based on your performance, as reflected in these cancer screening reports?

a. Breast Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

b. Cervical Cancer Screening

1☐ Yes
2☐ No
5☐ Not sure

****D16. During a typical <u>week</u>, approximately how many patients do you see in your main primary care practice location?**
(CHECK ONE BOX)

- ☐ 25 or fewer
- ☐ 26-50
- ☐ 51-75
- ☐ 76-100
- ☐ 101-125
- ☐ 126 or more

D17. Approximately what percentage of your patients in your main primary care practice location is:
(YOUR BEST ESTIMATE IS FINE).

(CHECK ONE BOX ON EACH LINE)	0-5%	6-25%	26-50%	51-75%	76-100%	Don't Know
a. Uninsured	1☐	2☐	3☐	4☐	5☐	8☐
b. Insured by Medicaid	1☐	2☐	3☐	4☐	5☐	8☐

D18. Approximately what percentage of your patients in your main primary care practice is:
(YOUR BEST ESTIMATE IS FINE).

	Percent of patients
a. less than 18 years	___ ___ ___ %
b. 18-39 years	___ ___ ___ %
c. 40-64 years	___ ___ ___ %
d. 65+ years	___ ___ ___ %
TOTAL	**100 %**

****D19. Approximately what percentage of your patients in your main primary care practice is female?**
(YOUR BEST ESTIMATE IS FINE).

	Percentage of patients
a. Female	___ ___ ___ %

D20. Approximately what percentage of your patients in your main primary care practice is:
(YOUR BEST ESTIMATE IS FINE)

(CHECK ONE BOX ON EACH LINE)	0-5%	6-25%	26-50%	51-75%	76-100%	Don't Know
a. White	1☐	2☐	3☐	4☐	5☐	8☐
b. Black or African-American	1☐	2☐	3☐	4☐	5☐	8☐
c. Asian	1☐	2☐	3☐	4☐	5☐	8☐
d. Native Hawaiian or Other Pacific Islander	1☐	2☐	3☐	4☐	5☐	8☐
e. American Indian or Alaska Native	1☐	2☐	3☐	4☐	5☐	8☐

D21. Approximately what percentage of patients in your main primary care practice is Hispanic or Latino? (YOUR BEST ESTIMATE IS FINE).
(CHECK ONE BOX)

☐ 0-5%
☐ 6-25%
☐ 26-50%
☐ 51-75%
☐ 76-100%
☐ Don't Know

***D22. Do you as an individual have an affiliation with a medical school, such as an adjunct, clinical, or other faculty appointment?**

1☐ Yes
2☐ No

D23. When was the last time you participated in a CME on:

(CHECK ONE BOX ON EACH LINE)	Within the past 3 years	3-6 years ago	More than 6 years ago
a. Breast Cancer Screening	1☐	2☐	3☐
b. Cervical Cancer Screening	1☐	2☐	3☐

D24. Are you aware of, and have you ever referred a patient to, any of the following services for cancer information?

(CHECK ONE BOX IN EACH ROW)	Aware and Referred	Aware of It, Never Referred	Not Aware of It	Not sure
a. The 1-800-4-CANCER Cancer Information Service telephone line	1☐	2☐	3☐	5☐
b. The www.cancer.gov National Cancer Institute website	1☐	2☐	3☐	5☐
c. The www.cdc.gov Centers for Disease Control and Prevention website	1☐	2☐	3☐	5☐
d. Other *(specify)*: _____	1☐	2☐	3☐	5☐

D25. The Centers for Disease Control and Prevention (CDC) funds state health departments to provide breast and cervical cancer screening services to low income women through the National Breast and Cervical Cancer Program (Title XV). The state health departments contract out the screening services to physicians and other health care providers. Do you currently participate in this state or national screening program?

1☐ Yes
2☐ No
8☐ Don't Know

****D26. Do you consider yourself to be Hispanic or Latino?**

1☐ Yes
2☐ No

****D27. What do you consider to be your race?**
(CHECK ALL THAT APPLY)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other *(Specify):* _____

****D28. Is there anything else you would like to tell us about breast or cervical cancer screening in your practice or in general?**

Thank you very much. We greatly appreciate your participation.

Please return your completed survey in the enclosed postage-paid envelope.