

APPENDIX

Questionnaire

A. Demographic Data and Practice

Please tick accordingly

1. Gender: ☐ Male ☐ Female
2. Age: _____
3. Ethnicity: ☐ Malay ☐ Chinese ☐ Indian ☐ Others (please state): _____
4. Do you have any postgraduate qualifications?
☐ Yes (Please state: _____) ☐ No
5. Years of practice as a doctor in outpatient setting: _____
6. On average, how many patients do you see in a day?
☐ ≤ 20 ☐ 21–40 ☐ 41–60 ☐ 61–80 ☐ 81–100 ☐ > 100
7. Which clinic are you working in currently?

<input type="checkbox"/> KK KG PANDAN	<input type="checkbox"/> KK JINJANG	<input type="checkbox"/> KK CHERAS BARU
<input type="checkbox"/> KK DATO KERAMAT	<input type="checkbox"/> KK SENTUL	<input type="checkbox"/> KK TANGLIN
<input type="checkbox"/> KK PETALING BAHAGIA	<input type="checkbox"/> KK BATU	<input type="checkbox"/> KK SETAPAK
<input type="checkbox"/> KK KUALA LUMPUR	<input type="checkbox"/> KK BTR	<input type="checkbox"/> RUKA UMMC
<input type="checkbox"/> KK CHERAS	<input type="checkbox"/> KK SG BESI	<input type="checkbox"/> PUSAT PERUBATAN PRIMER HUKM

8. Currently, there are many guidelines for colorectal cancer screening. Which colorectal cancer screening guidelines are you using in your practice?
 - ☐ US Preventive Service Task Force recommendations
 - ☐ Asia Pacific consensus recommendations for colorectal cancer screening
 - ☐ European guidelines for quality assurance in colorectal cancer screening and diagnosis
 - ☐ American College of Physician
 - ☐ American College of Gastroenterology
 - ☐ Singapore Cancer Screening Guidelines
 - ☐ Others (please specify): _____
 - ☐ I am not using any guidelines

B. Risk Stratification of Colorectal Cancer

Below are 4 clinical scenarios. Please assess the lifetime risk of colorectal cancer for each clinical scenario. The patients are asymptomatic. Please tick one answer only.

Scenario	Estimated lifetime risk
1. Patient, age 62, with history of inflammatory bowel disease.	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Don't know
2. Patient, age 60, with family history of colorectal cancer in two relatives (one at age 45, one age at 50).	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Don't know
3. Female, age 60, no family history of colorectal cancer.	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Don't know
4. Male, age 60, no family history of colorectal cancer.	<input type="checkbox"/> High <input type="checkbox"/> Average <input type="checkbox"/> Low <input type="checkbox"/> Don't know

C. Knowledge on Colorectal Cancer Screening Modalities

1. For patients who are **asymptomatic** who are **average risk** for colorectal cancer, please complete the table below **based on the current recommendations for colorectal cancer screening**.

If your answer is **no** or **don't know** for the question in the **first column**, you do not need to answer the following columns.

Is the following test recommended?	Recommended starting age	Recommended frequency of testing (Please tick one)
Faecal occult blood test (FOBT) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____ years old	<input type="checkbox"/> Every year <input type="checkbox"/> Every 5 years <input type="checkbox"/> Every 10 years
Colonoscopy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____ years old	<input type="checkbox"/> Every year <input type="checkbox"/> Every 3 years <input type="checkbox"/> Every 10 years
Double-contrast barium enema (DCBE) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____ years old	<input type="checkbox"/> Every year <input type="checkbox"/> Every 5 years <input type="checkbox"/> Every 10 years
Flexible sigmoidoscopy <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____ years old	<input type="checkbox"/> Every year <input type="checkbox"/> Every 5 years <input type="checkbox"/> Every 10 years
Serum carcinoembryonic antigen (CEA) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____ years old	<input type="checkbox"/> Every year <input type="checkbox"/> Every 3 years <input type="checkbox"/> Every 10 years

2. For patients who are **asymptomatic**, please complete the table below **based on the current recommendations for colorectal cancer screening**.

If your answer is **no** or **don't know** for the question in the **first column**, you do not need to answer the following columns.

Is screening recommended for the following condition?	Recommended starting age	Recommended frequency of testing	Recommended test (you may tick as many as you want)
Family history of familial adenomatous polyposis <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____	<input type="checkbox"/> Every year <input type="checkbox"/> Every 3 years <input type="checkbox"/> Every 10 years	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> FOBT <input type="checkbox"/> Double contrast barium enema <input type="checkbox"/> Serum CEA <input type="checkbox"/> Flexible sigmoidoscopy <input type="checkbox"/> Genetic testing
Family history of hereditary non-polyposis colorectal cancer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____	<input type="checkbox"/> Every year <input type="checkbox"/> Every 3 years <input type="checkbox"/> Every 10 years	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> FOBT <input type="checkbox"/> Double contrast barium enema <input type="checkbox"/> Serum CEA <input type="checkbox"/> Flexible sigmoidoscopy <input type="checkbox"/> Genetic testing
Patient with inflammatory bowel disease* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> Don't know	_____	<input type="checkbox"/> Every year <input type="checkbox"/> Every 3 years <input type="checkbox"/> Every 10 years	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> FOBT <input type="checkbox"/> Double contrast barium enema <input type="checkbox"/> Serum CEA <input type="checkbox"/> Flexible sigmoidoscopy <input type="checkbox"/> Genetic testing

*Crohn's disease or ulcerative colitis

D. Practice of Colorectal Cancer Screening

Please complete the questions below based on your practice on **asymptomatic** patients (in good health for their age without risk factors) for colorectal cancer screening. Please respond based on how you **actually practise** even if this differs from how you would like to practise under ideal circumstances.

1. Do you screen patients for colorectal cancer in your practice? (If your answer is **No**, please proceed to **Section E**).
☐ Yes ☐ No
2. At what age of the patient do you start offering colorectal cancer screening?
3. To what proportion of your patients who have reached this age (as stated in **Question 2**) do you offer colorectal cancer screening?
☐ ≤ 25% ☐ 26%–49% ☐ 50%–74% ☐ ≥ 75%
4. Please rank in order based on your **usual practice** the type of colorectal cancer screening test most often used. (1 = most often used, 2 = second most often used, 3 = third most often used, 4 = fourth most often used, 5 = fifth most often used, **X = if test not used**)

Screening test	Rank
Serum carcinoembryonic antigen	
Colonoscopy	
Double contrast barium enema	
Faecal occult blood test	
Flexible sigmoidoscopy	

E. Perceived barriers and facilitators influencing decision for colorectal cancer screening

Please indicate how much you agree or disagree with the following statements (Please tick one).

Question	Strongly agree	Agree	Disagree	Strongly disagree	Not sure
I have enough knowledge about the various colorectal cancer screening tests.					
Recommendations about colorectal cancer screening are inconsistent.					
Screening for colorectal cancer is cost-effective.					
Time restrictions during a routine check-up mean other conditions (e.g. heart disease) have higher priority than screening for colorectal cancer.					
Screening for colorectal cancer is beneficial for my patients.					
There are adequate laboratory, diagnostic, and specialist resources in my health region for the implementation of colorectal screening.					