

# General Patient Information

Assessment date:

\_\_\_\_\_

24 months prior

\_\_\_\_\_

15 months prior

\_\_\_\_\_

36 months prior (3 years)

\_\_\_\_\_

5 years prior

\_\_\_\_\_

7 months prior, past 7 months

\_\_\_\_\_

Past 6 months

\_\_\_\_\_

Past year

\_\_\_\_\_

Past 13 mo

\_\_\_\_\_

Past 10 years

\_\_\_\_\_

Practice name:

- Heartland Health Care Clinic
- Atchison Community Health Clinic
- Bacani-McKenney
- Crete Medical Clinic
- East Family Heights
- Family Practice Associates of Western Kansas
- Gove County Medical Center
- Hays Family Medicine
- Jayhawk Primary Care
- Prairie Band Potawatomi Health Center
- Rooks County Health Center
- Salina Family Health Center
- Wilber Medical Center
- Bluestem Medical
- Friend Medical Clinic
- Dr. Allen Greiner
- Family Health Care Clinic
- Lindsborg Family Health Care Clinic
- Genesis Family Health
- KU Topeka
- Axtell Clinic

Name of person entering data:

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Patient zip code:

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Patient date of birth:

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Patient age:

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What is the patient's gender?

- Female
- Male
- Other
- Unknown

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What is the patient's race?

- American Indian / Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White
- More than One Race
- Unknown

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Is the patient Hispanic or Latino?

- Yes
- No
- Unknown

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If the patient's age is outside the study parameters, less than 18 or greater than 75, the survey will not let you continue on. Please close out this window.

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If the patient's age is outside the study parameters, less than 18 or greater than 75, the survey will not let you continue on. Please close out this window.

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Does the patient have a personal history of breast cancer?

- Yes
- No

ICD-9 code: 174.8

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Does the patient have a personal history of colorectal cancer?

- Yes
- No

ICD-9 code: 153.9

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Does the patient have a personal history of lung cancer?

- Yes
- No

ICD-9 code: 162.9

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Does the patient have a personal history of prostate cancer?

- Yes
- No

ICD-9 code: 185

# Exclusion Criteria

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Has the patient had a virtual or face-to-face encounter since [prior24mo]?  Yes  
 No

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Has the patient been referred for hospice services?  Yes  
 No

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Does the patient reside in a long-term care facility?  Yes  
 No

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Has the patient transferred primary care to another practice?  Yes  
 No

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This patient does not meet criteria for this study. Please close out this window.

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This patient does not meet criteria for this study. Please close out this window.

# Breast Cancer Specific Measures

Does the patient have a history of bilateral mastectomy?  Yes  
 No

Has the patient had breast imaging since [prior15mo]?  Yes  
 No

Breast imaging may include a screening, diagnostic film, digital or digital breast tomosynthesis (3D) mammography or ultrasound.

Does the patient have a history of treatment with aromatase inhibitors?  Yes  
 No  
 Unknown

Examples may include Aromasin (exemestane), Femara (letrozole), Arimidex (anastrozole).

Has the patient had bone mineral density measured by dual-energy x-ray absorptiometry (DXA) since [prior24mo]?  Yes  
 No

Is the patient currently receiving therapy for osteoporosis?  Yes  
 No

Treatment options include:

Bisphosphonate (alendronate, risedronate, ibandronate, or zoledronic acid) or denosumab?

How old was the patient at the time of their breast cancer diagnosis? \_\_\_\_\_

Does the patient have a blood relative with a known genetic mutation in a cancer susceptibility gene?  Yes  
 No  
 Unknown

Examples may include BRCA1, BRCA2, CHEK2, PALB2, ATM, PTEN and/or TP53.

Does the patient have one or more close blood relatives with a history of breast, ovarian, pancreatic, uterine, endometrial, melanoma, pancreatic and/or prostate cancer?  Yes  
 No  
 Unknown

Has patient had genetic testing completed?  Yes  
 No  
 Unknown

Has patient had a referral for genetic counseling?  Yes  
 No  
 Unknown

If you were unable to answer any question, please document why. \_\_\_\_\_

This patient does not meet criteria for this form.

Please select submit below to move on to the next section.

# Colorectal Cancer Specific Measures

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Does the patient have a past history of a total colectomy?  Yes  
 No

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Has the patient had a colonoscopy since [prior15mo]?  Yes  
 No

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Has the patient had a colonoscopy since [prior3years]?  Yes  
 No

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Did the patient have a colonoscopy since [prior5yr]?  Yes  
 No

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How old was the patient at the time of their colorectal cancer diagnosis? \_\_\_\_\_

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Does the patient have one or more close blood relatives with colorectal, endometrial, and/or uterine cancer?  Yes  
 No  
 Unknown

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Does the patient have a blood relative with a known genetic mutation in a cancer susceptibility gene?  Yes  
 No  
 Unknown

Examples may include Lynch Syndrome, MSH1, MSH2.

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Has the patient had a referral for genetic counseling?  Yes  
 No  
 Unknown

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Did the patient have genetic testing completed?  Yes  
 No  
 Unknown

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If you were unable to answer any question, please document why. \_\_\_\_\_

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This patient does not meet criteria for this form.

Please select submit below to move on to the next section.

# Lung Cancer Specific Measures

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Has the patient had a CT scan of the lung since [prior7mo]?  Yes  No

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Has the patient had a CT scan of the lung since [prior13mo]?  Yes  No

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In what month was the patient diagnosed with lung cancer?  January  February  March  April  May  June  July  August  September  October  November  December

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In what year was the patient diagnosed with lung cancer? \_\_\_\_\_

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Has the patient had a CT scan of the lung in the past 13 months AND 30 months or more after their diagnosis of lung cancer?  Yes  No

To be calculated after survey respondent.

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If you were unable to answer any question, please document why. \_\_\_\_\_

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This patient does not meet criteria for this form.

Please select submit below to move on to the next section.

# Prostate Cancer Specific Measures

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Has the patient had a Prostate Specific Antigen (PSA) since [prior6mo]?  Yes  
 No

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Has the patient had a PSA since [prior1yr]?  Yes  
 No

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Did the patient decline prostate cancer screening?  Yes  
 No  
 Unknown

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In what month was the patient diagnosed with prostate cancer?  January  
 February  
 March  
 April  
 May  
 June  
 July  
 August  
 September  
 October  
 November  
 December

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In what year was the patient diagnosed with prostate cancer? \_\_\_\_\_

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Has the patient had a Prostate Specific Antigen (PSA) within the past 12 months AND the patients' diagnosis of prostate cancer was >5 years prior to the [assessment date].  Yes  
 No

This to be calculated at a later time.

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Does the patient have a history of treatment with androgen suppression therapy?  Yes  
 No  
 Unknown

Examples may include: leuprolide (Lupron, Eligard), goserelin (Zoladex), triptorelin (Trelstar), histrelin (Vantas), flutamide (Eulexin), bicalutamide (Casodex), nilutamide (Nilandron)

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Has the patient had bone mineral density measured by dual-energy x-ray absorptiometry (DXA) since [prior24mo]?  Yes  
 No

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Is the patient currently receiving therapy for osteoporosis?  Yes  
 No

Treatment options include: Bisphosphonate (alendronate, risedronate, ibandronate, or zoledronic acid) or denosumab?

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If you were unable to answer any question, please document why. \_\_\_\_\_

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This patient does not meet criteria for this form.

Please select submit below to move on to the next section.



# Universal Measures for Cancer Survivors

## Breast Cancer Screening

Has the patient had breast imaging since [prior15mo]?

- Yes  
 No  
 Patient does not meet criteria

Breast imaging may include a screening, diagnostic film, digital or digital breast tomosynthesis (3D) mammography or ultrasound.

Did the patient decline mammography?

- Yes  
 No  
 Unknown

## Colorectal Cancer Screening

Has the patient had a colonoscopy since [prior10yr]?

- Yes  
 No

Has the patient had a Fecal Occult Blood Test (FOBT) or Fecal-immunochemical Test (FIT) since [prior15mo]?

- Yes  
 No

Has the patient had a Cologuard (fecal DNA) since [prior3years]?

- Yes  
 No

Has the patient had a flexible sigmoidoscopy since [prior5yr]?

- Yes  
 No

Has the patient had a Computed Tomography (CT) Colonography since [prior5yr]?

- Yes  
 No

## Problem list

Is the patient's breast/lung/colorectal/prostate cancer diagnosis in the Problem List?

- Yes  
 No

## Documentation of Cancer Treatment History

Is the patient's cancer treatment history documented in their medical record?

- Yes  
 No

Cancer treatment history may include chemotherapy, radiation therapy, and/or surgery.

## Family History Assessment

Has an assessment been completed to identify family members with a history of cancer?  Yes  
 No

Family history would include specific documentation of any cancer in a brother, sister, parent, and/or grandparent.

Are you able to tell when the family history was last updated?  Yes  
 No

What year was the family history last updated?

\_\_\_\_\_

Since [prior5yr], has the patient's family history been reviewed and/or updated?  Yes  
 No

To be calculated at a later time.

## Depression Screening & Intervention

Is the patient currently receiving treatment for depression and/or anxiety?  Yes  
 No

Treatment may include medications and/or talk therapy.

Since [prior15mo], was the patient screened for depression/anxiety using a standardized tool?  Yes  
 No

Depression screening tools may include but are not limited to:

- NCCN Distress Thermometer
- Patient Health Questionnaire (PHQ-2)
- Generalized Anxiety Disorder (GAD-2)
- Beck Depression Inventory (BDI or BDI-II)
- Center for Epidemiologic Studies Depression Scale (CES-D)

Did the patient screen positive for depression/anxiety?  Yes  
 No

Was a follow-up plan documented to address the positive screening for depression/anxiety?  Yes  
 No

A Follow-Up Plan may include:

- Additional evaluation or assessment for depression
- Referral to a mental health provider
- Pharmacological (medication) interventions

What was documented as part of their follow-up plan?

Check all that apply.

- Additional evaluation of assessment  
 Referral to a mental health provider  
 Pharmacological (medication) intervention  
 Other

What "other" follow-up plan is documented?

\_\_\_\_\_

### Body Mass Index (BMI) Screening

Since [prior15mo], has the patient's Body Mass Index (BMI) been documented in the EHR?  Yes  
 No

Was the patient's BMI documented as being overweight?  Yes  
 No

Overweight BMI limits are  $\geq 25$  kg/m<sup>2</sup>

Was a follow-up plan documented to address the patient's BMI?  Yes  
 No

What was documented as part of their follow-up plan?'

Check all that apply.

- Documentation of education about weight loss
- Referral for lifestyle / behavioral therapy (e.g., Registered Dietician, occupational therapist, physical therapist, exercise physiologist, mental health professional, bariatric surgeon)
- Pharmacological (medication) intervention
- Dietary supplements
- Nutrition counseling
- Exercise counseling
- Other

What "other" follow-up plan is documented?

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### Tobacco Use Screening & Intervention

Since [prior15mo], has the patient been screened for tobacco use?  Yes  
 No

Tobacco may include but is not limited to combustible cigarettes, e-cigarettes, chew, cigars and vaping.

Was the patient identified as a tobacco user?  Yes  
 No

Did the patient receive a tobacco cessation intervention since [prior15mo]?  Yes  
 No

Note: A Tobacco Cessation Intervention may include brief counseling (3 minutes) and/or pharmacotherapy (medication).

### Universal Notes

If you were unable to answer any question, please document why.

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# Salina Family Health Care Additional Questions

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Has the patient had a Tdap in the last 10 years?

Yes  
 No  
 Patient declined varicella vaccine

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If the patient is 50 years of age or older, have they had the Shingrix vaccine?

Yes  
 No  
 Patient declined varicella vaccine

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Has the patient had the MMR vaccine?

Yes  
 No  
 Patient declined varicella vaccine

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Has the patient had the varicella vaccine?

Yes  
 No  
 Patient declined varicella vaccine

Note:  
This would include people with leukemia, lymphoma, or other malignancies that are in remission and who have not received chemotherapy for  $\geq 3$  months or at least 6 months after anti B cell treatment and not previously vaccinated.

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Has the patient had an annual flu vaccine?

Yes  
 No  
 Patient declined flu vaccine

Note:  
This would include people with leukemia, lymphoma, or other malignancies that are in remission and who have not received chemotherapy for  $\geq 3$  months or at least 6 months after anti B cell treatment..

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Is the patient's COVID vaccination up-to-date based on recommendations or otherwise documented?

Yes  
 No  
 Patient declined COVID vaccine

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Has the patient had a PCV 23/20 vaccine?

Yes  
 No  
 Not applicable

Note:  
This includes people not previously vaccinated, those who were vaccinated prior to age 65 but are now older than 65, or those who were vaccinated within the last 5 years undergoing chemotherapy.

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If the patient has had a hematopoietic stem cell transplantation (HSCT), have they received the Hib vaccine?

Yes  
 No  
 Not applicable

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If not previously done, has the patient had a hepatitis A and/or a hepatitis B vaccine?

Yes  
 No  
 Patient was previously vaccinated

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If appropriate, has the patient had a yearly breast MRI?

Yes  
 No  
 Not applicable