Appendix

Appendix Table of Contents

<u>TELEPHONE COUNSELOR TRAINING</u>

Healthy Colon, Healthy Life slideshow (English, Spanish and Vietnamese)

Motivational Interviewing

Stages of Change Role Play

Role Playing and Role Playing Practice

<u>TELEPHONE COUNSELOR MANUAL</u>

A. Approach to Telephone Counseling

Guidelines for Calling Participants

Effective Communication Skills

The Telephone Personality

Telephone Etiquette

B. Scripts for Telephone Counseling

Greeting Script

Stages of Change Scripts

Barriers Scripts

Emergency Situation Protocol

Abnormal FOBT Follow-up Protocol (Script)

C. Forms and Record Keeping

Development of a Log Book Protocol

Participant Personal Profile

Client Counseling Report

Follow-up Call Log

MISCELLANEOUS

Cheat Sheet

Telephone Counselor's Debriefing

Algorithm for Identifying Stage of Change *(To be used with the file, "Baseline Survey")*

Sample Excel Database

Telephone Counselor Training

Includes:

- Healthy Colon, Healthy Life slideshow
- Motivational Interviewing
- Stages of Change Role Play
- Role Playing and Role Playing Practice

Healthy Colon, Healthy Life slideshow

(Please see the separate PDF files for slideshows in English, Spanish and Vietnamese)

Motivational Interviewing

The motivational interviewing approach is intended to create a collaborative counselor-participant relationship through which the participant's motivation to improve colon cancer screening practices is enhanced.

*Note: Furthermore, the principles and techniques of Motivational Interviewing reinforce the recommendations outlined by the American Cancer Society for effective telephone communication.

What is Motivational Interviewing?

- Motivational Interviewing (MI) is a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence. *Motivational Interviewing is a counseling technique that focuses on the client (or in our case, participants) by providing information and giving guidance, without being forceful, in order to help people overcome challenges in their lives.*
- The MI counseling approach was first developed to help people with drinking problems.
- Compared with nondirective counseling, MI is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose. *There are two main types of counseling, non-directive and directive. Non-directive counseling allows the client to talk openly about their feelings with little advice or direction given by the counselor. In contrast, a more directive counseling technique like MI requires the counselor to provide guidance and helpful information to help the client find solutions to their problems. More specifically in MI, the counselor tries to help the client address any conflicting feelings they might have about certain issues in their lives in order to overcome these stressful emotions.*

Principles of MI

- **Express Empathy***:* Show concern for the participant and present a non-judgmental attitude. The underlying attitude must be one of acceptance and belief that the barriers to colon cancer screening the participant lists are valid and important. *Let the client/participant know that you care and are concerned for their well-being. The client/participant needs to feel like you understand their problems and appreciate the challenges in their life.*
- **Avoid Argumentation:** Argumentation or direct persuasion is considered counterproductive and to be avoided as it is likely to produce defensiveness or resistance. Instead the counselor is facilitative and the relationship is more like a partnership rather than an expert/recipient one. *NEVER argue with the participant because it will make him/her uncomfortable and become defensive. Arguing with the participant will not create a comfortable counseling environment.*
- **Support Self-Efficacy:** In supporting self-efficacy, the patient is seen as a valuable resource in finding solutions to their own problems. The participant is seen as responsible for choosing and carrying out personal change, but at the same time s/he must have a belief in his/her ability to change or overcome challenges. *The role of the counselor is to help participants realize their own self-efficacy. "Self-efficacy" is a person's belief in*

his/her own ability to carry out or succeed with a specific task. Therefore, the goal of the counselor is to convince the participant the s/he CAN make a successful change in their lives.

- **Roll with Resistance:** Resistance is seen as a signal to change strategy. It is not opposed, but rather acknowledged and explored, with the aim to shifting the participants' perceptions. *If the counselor senses a strong resistance from the participant, s/he should modify their counseling approach. According to principles of MI, resistance from the participant is believed to be a response the counselor and not a fixed characteristic of the participant him/herself. Therefore, the counselor should try to shift the conversation to avoid resistant talk and help the client see the problem in a different light.*

Developing MI Counseling Skills

- **Open-ended questions:** In contrast to close-ended questions, open-ended questions cannot be answered with a mere "yes" or "no" response. By beginning a telephone counseling session with an open-ended question, such as "How are you today?" or "How do you feel about discussing some of the challenges you encounter regarding colon cancer screening?", allows participants to talk openly in a comfortable manner. *Open-ended questions are used to allow the participant to talk at greater length. Unlike close-ended questions, open-ended questions cannot be answered with a "yes" or "no" or "maybe" type of response.*

- **Affirmations:** Affirmations are statements of recognition about participant's strengths. Affirmations can be wonderful rapport builders. By reminding participants' of how they have overcome previous challenges in life, counselors can help build confidence. *Affirmations can help a participant feel better about him/herself by building their self-esteem and self-confidence. The counselor should remind the participant of their strengths in order to reassure them they can and have overcome past challenges in their lives.*

- **Reflective listening:** Reflective listening is the key to effective counseling. The key to motivational interviewing is to listen carefully to participants. They will tell you what has worked and what hasn't. Whenever you are in doubt about what to do, listen. But remember this is a directive approach. You will actively guide the participant towards certain information. Counselors should focus on what issues present challenges/obstacles to participants (such as family support, resources, etc) and help to address them through reflective listening. *Reflective listening involves restating what the participant has said in order to let them know you are listening and understand what they are trying to say to you.*

- **Summaries.** This is really just a specialized form of reflective listening where the counselor reflects back to the participant what s/he has been discussing. Summaries are an effective way to communicate your interest in a participant, build rapport, call attention to salient elements of the discussion and to shift attention or direction. The

structure of the summary is straightforward. It begins with an announcement that you are about to summarize, a listing of selected elements, an invitation to correct anything missed and then usually an open-ended question. If ambivalence was evident in the interaction that proceeded the summary, this should be included in the summary. *Summary is a review of what has been discussed in the counseling session. Counselors should make a habit of summarizing what the participant has said any time the conversation changes to a different topic. In this way, both the counselor and participant can go over what has been said and explore further or clarify.*

Stages of Change Role Play (and icebreakers)

(these can be printed out and put on little slips of paper to pull out of a hat/box for icebreaker exercise)

I have always wanted to skydive

I have never gone skydiving but just called to get some information about skydiving lessons.

I never really thought about learning to ski.

I have been thinking about starting an exercise program.

Every morning I go on the treadmill for half an hour.

I used to exercise but after my knee surgery I have not been exercising.

I go skiing at least three times every winter.

I never really thought about learning to play golf.

I have never played tennis but just signed up for lessons.

COLON CANCER SCREENING: STAGES OF CHANGE ROLE PLAYS

I never heard of an FOBT.

I have heard about an FOBT but never thought about having one

I never had an FOBT but I plan to have one this year.

I had an FOBT more than a year ago and I plan to have one this year.

I had an FOBT in the past, but I am not intending to get another one in the coming year.

I had an FOBT in the past year and I am going to have another one

I had an FOBT a few times in the past and I am going to have another one this year.

I never heard of a sigmoidoscopy

I have heard of a sigmoidoscopy, but I am not going to have one

I have never had a sigmoidoscopy but I am going to have one this year.

I had a sigmoidoscopy more than 5 years ago and I am going to have one when it is due.

I had a sigmoidoscopy in the past but I am not going to have another one when it is due.

I had a sigmoidsocpy in the past 5 years and I am going to have another one when it is due.

I had a sigmoidoscopy in the past and plan to have it when it is due again.

Role Playing and Role Playing Practice

A. I never had an FOBT but I plan to have one this year. STAGE
Barriers: I am concerned it will be messy
I don't want to have to change my diet for the test

B. I never heard of an FOBT test
Barriers: My doctor did not recommend it
I have too many other health problems to get an FOBT test

C. I had an FOBT more than a year ago and I plan to have one this year.
Barriers: I do not know if my insurance will pay for it
I am afraid of what the test will show

D. I had an FOBT in the past, but I am not intending to get another one in the coming year.
Barriers: I am too busy
My doctor did not recommend it
I don't have an FOBT kit

E. I had an FOBT in the past year and I am going to have another one
Barriers: The preparation is too complicated
I don't think I am at risk for colon cancer

F. I never heard of a sigmoidoscopy
Barriers: My doctor did not recommend it
I don't think I need it

G. I have heard of a sigmoidoscopy, but I am not going to have one
Barriers: I don't know how to get it done
I have a hard time getting through to my doctor on the telephone

H. I have never had a sigmoidoscopy but I am going to have one this year.
Barriers: I am worried that it will be uncomfortable
I am worried about the preparation

I. I had a sigmoidoscopy more than 5 years ago and I am going to have one when it is due.
Barriers: I am worried that the test might be dangerous
I don't know how to get a referral from my doctor

J. I had a sigmoidoscopy in the past but I am not going to have another one when it is due.
Barriers: I am worried about the discomfort
I am worried that it will be embarrassing

K. I had a sigmoidoscopy in the past and plan to have it when it is due again.
Barriers; I am worried about whether or not my insurance will pay for it

My doctor did not recommend it yet

L. I am not thinking about having a colonoscopy
Barriers: The preparation is way too complicated
I do not have time

M. I have thought about having a colonoscopy but am not planning to have one
Barriers: I do not have anyone to take me home after the test
I have to take care of my granddaughter so can't go for the test

Telephone Counselor Manual

Part A: Approach to Telephone Counseling

Includes:

- Guidelines for Calling Participants
- Effective Communication Skills
- The Telephone Personality
- Telephone Etiquette

<u>Guidelines for Calling Participants</u>

(Excerpt from the American Cancer Society, California Division, Inc. Call Back Program Guide and Training Manual)

Making the Call:

- **Call only those who have agreed to participate in the study**
  The list of participants will be provided to you.

- **Call only during acceptable hours**
  Calls should be made after 9:00 a.m. and before 9:00 p.m.

Greeting:

- **Begin every call with a greeting that will identify you as a counselor for the "Healthy Colon, Healthy Life" project, a collaboration between VMC and UCSF.**
  Recommended Greeting: Hello, Mr./Mrs.__________, this is __________ *(CHA's name).* I am a Community Health Adviser from the *Healthy Colon, Healthy Life* project at Valley Medical Center. You may recall having done a telephone survey on colon cancer screening about 2-3 weeks ago. Before we continue, I would like to thank you for your participation in that survey.

  Explain the purpose of your call. I am not a part of the survey. My job is to give you information, offer you some assistance and answer questions you may have about colon cancer screening.

- **Tell the caller how they can reach us.**
  I'd like to give you a telephone number where you can reach me, and my name again so that you can write it down. Do you have a pencil handy? Okay, my name is ________ *(spell your name*) and you can reach me at _________

Three Call Standard:

If you cannot reach the participant in three follow-up calls, please notify your supervisor. Depending on circumstances, you might make only two attempts, or in certain situations, more than three. Remember that the participant might not want to return your call. We should not force ourselves on someone.

<u>Effective Communication Skills</u>

Four Important Steps: Greeting, Question, Listen and Respond

1. GREETING

"Hello" is such a simple word. Yet from the moment you introduce yourself, you have begun to establish a very special rapport with the person on the other end of the phone. Remember the aim of your call is to motivate participants to improve cancer screening behavior. The manner in which you conduct a telephone counseling session will have a significant impact on participants' willingness to utilize FOBT kits as well as discuss barriers to colon cancer screening.

Remember that over the telephone you have less time and fewer ways to make a good impression. Therefore, it is extremely important to greet the participant effectively. Your initial goal is to set the tone by establishing rapport through a warm, non-judgmental and courteous manner.

Always introduce yourself to the participant by using your name and identifying yourself as a telephone counselor for the "Healthy Colon, Healthy Life" project. Inform the participant that you are contacting them as a follow up to the survey they recently completed for "Healthy Colon, Healthy Life" Project. Remind the participant of the notification letters we sent and the purpose of our study. Always ask the participant for their permission to continue the call by using such phrases as, "Do you have a moment to talk?" or "Have I reached you at a convenient time?" since we might be calling at in inconvenient time and interrupting their daily routine.

Remember too, that discussing cancer or health-related issues often arouses a variety of emotions in people. The participant may be uncomfortable, anxious, shy, and unwilling to talk openly. You must be ***sensitive*** to both the needs of the participant and to your own needs as a telephone counselor. Regardless of the participant's emotional state, try to remain objective, calm, warm, tactful and helpful.

2. QUESTION

First step to asking questions is to develop rapport by providing information you already know about the participant. Clarifying and then building upon the participants' known history may feel like a "safe" and comfortable place for both you and the participant. It is also recommended that you use "open ended' questions for the participant versus questions which involve a simple "yes" or "no" answer. Asking open-ended questions is an effective motivational interviewing technique.

Since we actually already have information about individuals' barriers to CRC screening, that is really what we will be starting with. We will know whether they have been screened, their current stage of change with respect to screening and their reported barriers to screening. With

that in mind, we can probably make some of these questions more focused, and reorganize this section based on the prior info that we have
The second step in effective communication is to discuss the participant's barriers to CRC screening. This is not as easy as it sounds.

The participant may feel hesitant to discuss personal issues related to the barriers they report to CRC screening. It is up to you to draw this information out of the participant in a warm, compassionate and discrete manner. Remember to be sensitive to what the person is saying, not just the words, but what he/she is really trying to tell you.

Asking questions will help you clarify what the participant is talking about when the meaning is not clear. Questioning the participant in a polite, interested manner is particularly helpful when the person is inarticulate, rambles, seems confused or is reluctant to talk. Probing questions may include:

- "*What are some of the reasons you have not undergone colon cancer screening?"*
- *You stated that X was a reason why you had not undergone colon cancer screening. Can you tell me about that?*
- *"Has your doctor ever talked to you about colon cancer?"*
- *"How much do you know about colon cancer?"*
- *"Do you know anyone who has been diagnosed with colon cancer?"*
- *"How do you feel about the FOBT kits we sent you?"*
- *"What kind of support do you need to improve your colon cancer screening practices?"*

Using questions will allow you to clarify what the participant is saying and develop better understanding. By focusing on one topic and paraphrasing the question in different ways, you are checking to be certain that you have understood the participant.

3. LISTEN

Effective listening is characterized by being ***sincerely interested*** in the participant, paying attention to what is said, and attempting to see things from the participant's point of view. Good listening and empathetic listening are skills that you will develop and practice throughout your lifetime. The most important first step to being a good listener is to approach the communication, or the opportunity to listen, with an ***attitude of empathy***. This means that you are listening ***with*** the speaker and not simply ***to*** the speaker. You are attempting to get in touch not only with the content of the words, but with the emotions and the intent behind them.

Empathetic listening may not always be easy. Sometimes you will be tired or impatient with the participant. Sometimes you may feel overwhelmed and depressed by what you hear. The important thing to remember is that you also have limits. You are not expected to personally solve all the participant's problems. However, with practice and willingness to learn, you will develop the ability to find the appropriate information and see that proper assistance is given to the participant. The participant is always better off for having had you as a caring listener.

It is also important to note that you and the participant do not have to maintain constant communication. Sometimes silence can be useful. These brief moments of silence can allow both you and the participant to collect their thoughts, think through their needs, or compose one's emotions. It is best to let the conversation flow naturally without rushing the participant along.

Key Points to Good Listening

- Limit your own talking. You cannot talk and listen at the same time.

- Think like the participant. The participant's problems and needs are important and you will understand and retain them better if you keep his/her point of view.

- Ask questions. If you do not understand something or feel you may have missed a point, clear it up before the conversation gets too far along.

- Do not interrupt. A pause, even a long pause, does not always mean the participant is finished saying everything he/she wanted to say.

- Concentrate. Focus your mind on what the participant is saying. Practice shutting out outside distractions.

- Take notes. This will help you remember important points.

- Listen for ideas and feelings, not just words. You want to get the whole picture.

- Use interjections. An occasional, "yes, I see," etc., shows the participant you are with him/her, but do not overdo.

- If you know the nature of the participant's question, prepare in advance. Remarks and questions prepared ahead free your mind for listening.

- Try not to jump to conclusions. Avoid making unwarranted assumptions about what the participant is going to say.

4. RESPOND

Once you have questioned and listened carefully to what the participant has said about their barriers to CRC screening, you are ready to respond. Sound pleasant, reassuring and comforting yet maintain your objectivity. It is important that you distinguish providing ***information*** from

providing ***advice***. Your role is to provide accurate and appropriate information and referrals and not to provide advice.

Be sure to limit your response and information to the focus of the inquiry. Too much information can be as damaging and as confusing as too little. Evaluate your participant carefully to determine their comfort level with information.

If you have difficulty locating the information, tell the participant that you will research the question and that you will call him/her back. Admitting that you don't have all the answers is better than providing misinformation. You can always ask your supervisor for help and provide the information to the participant during the follow-up call. Also, if you need to put the participant on "hold" explain what you are doing and why. People can be very participant if they know you are working on their problem.

Once you have found the information or given the appropriate referral, conclude the call by summarizing the exchange with the participant. Recap the question or request and re-state your answer to it. Reassure the participant that if he/she should have any further questions, he/she can always contact you. This usually facilitates ending the call without a sense of finality.

The Telephone Personality

1. The most important part of your voice is your tone, which indicates its quality and the emotions you feel. Therefore, always maintain a confident, sincere, and pleasant tone.

2. Have a “smile” in your voice and speak slowly enough to be understood.

3. Sound interested and have inflection in your voice.

4. Gauge the mood of the participant and react accordingly.

5. If you are going to put a call on hold, indicate what you are doing.

6. When at any time you leave the line to do or say anything, always put the participant on hold. Do NOT put your hand over the receiver to keep the participant from hearing something. IT DOES NOT WORK! If your phone does not have a hold button and you must place the handset on the desk, remember EVERYTHING BEING SAID IN THE ROOM CAN PROBABLY BE HEARD BY THE PARTICIPANT.

7. Always inform the participant if you pause to do something. This will help reduce the impatience he/she may feel.

8. If the task is taking longer than anticipated, offer to call back when you find the information.

9. When calling another person or agency, be sure to identify yourself and the “Healthy Colon, Healthy Life” project.

10. Very important to effective telephone communication is the reassurance that the participant is being understood. A restatement of the facts of the call is always desirable.

One of the most important parts of the telephone personality is the ability to LISTEN.

Telephone Etiquette

Telephone etiquette is very important to create a more pleasant and effective counseling environment. Telephone etiquette can be divided into four areas: Identification, Volume, Unusual Noises, and Normal Courtesies.

Identification - People feel more comfortable when they know the name of the person with whom they are talking. Identify yourself as a Community Health Advisor for the "Healthy Colon, Healthy Life" project at Valley Medical Center and by your first name.

Volume - The volume with which you speak sets the tone of the conversation. When there are two volunteers/staff making calls, it is sometimes distracting to hear the other person's conversation. Try to speak clearly, in a normal voice, in a slightly lower tone, and pace your words. This makes for a more professional, calm, and reassuring manner.

Unusual Noises - Chewing gum or eating while talking on the telephone creates noises distracting to the people on the other end. Any unusual noises, such as laying a phone down on a desk, should be avoided. The only sound that should be heard is your voice, since everything else distracts from what you are saying.

Normal Courtesies - The normal courtesies you use every day are even more welcome on this phone service. Remember to thank the participant and remind him/her not to hesitate to call back if any additional assistance is required.

- When possible reference the caller by name, including proper title
- When recommendations are made, they should be offered as suggestions, not made as commands. Using an objective phrase like "Could I suggest that you try..." or "You may want to check with your doctor..."
- If an interruption is necessary, the caller's permission to interrupt should be requested. The interruption should be prefaced with a phrase like "Pardon Me", "May I interrupt?" or "Excuse Me", before interrupting.
- A questioning tone should be used to request caller information and/or the request is prefaced with a phrase like "Please", "May I" or "Could you tell me?" Pauses after questions are sufficient to provide the caller time to respond.
- When information requested by the caller is not available, we should apologize to the caller that we do not have the information requested. It is helpful to use a phrase like "I'm sorry, we do not have that information." Suggest a source where the information might be located, using a phrase like "You may want to try..."
- If asked to repeat something, repeat the point politely.
- Remain calm and use a normal tone of voice, even if the caller raises his or her voice.
- If the caller mentions a personal situation express understanding or acknowledge the situation by using a phrase like "I see" or "I understand".
- Use professional, formal responses. Avoid slang.

Placing the Participant on Hold:

- The following steps should be followed if it is necessary to place an individual on hold
    - Ask permission to place the caller on hold

    - Give the caller the reason you are putting them on hold, related to the call
    - Advise the caller at least every 90 seconds of the status
    - If the information can not be found within 5 minutes, offer the caller a follow-up call
    - Thank the caller for holding each time they are taken off of hold

Call Ownership:

- Provide the participant with additional cancer information or community resource referrals as needed
- Complete the necessary paperwork to document the call
- Remember that any information you obtain is *strictly confidential*

Diffusing Anger:

- Use voice tone, words, language and volume to calm a dissatisfied or irritated caller so that a satisfactory resolution can be reached
- Remain Calm: Even though the caller may raise his/her voice and is obviously upset and irritated.
- Acknowledge Dissatisfaction: Acknowledge the caller's dissatisfaction. Suggested Phrasing: "I sense you are upset. Let me help you."
- Vent: Provide the opportunity for the caller to explain the entire situation, without interruption. Do not argue with the caller.
- Focus: Help the caller focus on the cause of the irritation by summarizing the key points mentioned. Clarify with the caller the steps that have been previously taken. Suggested Phrasing: "Let me make sure I understand . . ." or "What I hear you saying is . . ."
- Offer Solutions: Offer solutions and/or alternatives to help resolve the problem, including logging a complaint or offering to warm transfer the caller to a supervisor. Suggested Phrasing: "This is what I can do for you now . . ."

Complaints:

- Inform the caller that you will forward the feedback to the appropriate person

Closing:

- Always conclude the call by thanking the individual for their time

Part B: Scripts for Telephone Counseling

Includes:

- Greeting Script
- Stages of Change Scripts
- Barrier Scripts
- Emergency Situation Protocol
- Abnormal FOBT Follow-up Protocol (Script)

Greeting Script

Hello, may I speak to [client]?

Hello, Mr./Mrs._________, this is _________ *(CHA's name).* I am a Community Health Adviser from the *Healthy Colon, Healthy Life* project at XXXX Medical Center. You may recall having done a telephone survey on behalf of the XXXX Medical Center and the University of XXX on colon cancer screening about 2-3 weeks ago. Before we continue, I would like to thank you for your participation in that survey.

I am not a part of the survey. My job is to give you information, offer you some assistance and answer questions you may have about colon cancer screening. I'd like to give you a telephone number where you can reach me, and my name again so that you can write it down. Do you have a pencil handy? Okay, my name is _______ *(spell your name*) and you can reach me at (XXX) XXX-XXXX *(Vietnamese line)*/ (XXX) XXX-XXXX *(Spanish line).*

I would just like to remind you that your participation in all parts of our study is completely voluntary. As I mention earlier, my call today is to give you some information and answer any questions you may have about colon cancer screening, but I do have a few questions to ask you too, and just like the survey, you may refuse to answer any questions. You have the right to ask me questions at any time, and you can stop our conversation at any time. Just like before, we won't use your name in any of our reports, and whether or not you continue in the study will not affect your access to any medical services.

Is this an okay time to start? If not, can you tell me when would be a good time to call you back?

I want to make sure that I have your most recent address and contact numbers, and the correct information about any colon cancer screening tests you may have had.

[Update Participant Personal Profile (PPP) page 1, if needed]

- Are you still living at ……… ***(address)?***
- *(If client has more than 1 contact number, ask which one is better to reach them at.)*
  I also have ……. (**telephone number)** as your other contact number. Which one is better to reach you at?

Okay, thank you for that information. Now, I would like to verify your colon cancer screening test(s).

- According to our records ……..

[Continue on page 2 of the PPP form to determine screening status.]

[For people who answered they're "THINKING ABOUT/ PLANNING ON GETTING" testing]
(ask to reconfirm as people's answers can change)

- In the telephone survey you told the interviewer you were …. (thinking about having an FOBT, planning to have a SIG, planning to have a COL…)

Is this still the case/true?

Stages of Change Scripts

SCRIPT F1: PRECONTEMPLATION – FECAL OCCULT BLOOD TEST (FOBT)

Pre-contemplation (1)

[Never heard of a FOBT]

When you were interviewed, you said that you had never thought about having a fecal occult blood test (FOBT). A fecal occult blood test is a test to determine whether you have small amounts of blood in your stool or bowel movement. This test can be done at home using a kit, which contains cards. You smear a small amount of stool on the cards at home and send them back to the doctor or lab. It is different from a stool test for parasites. A stool test for parasites is a test in which the doctor gives you a small bottle of liquid, and you put a small amount of feces in the bottle and return to the doctor or lab.

- Anyone can get colon cancer, though the risk increases as you get older.
- 90% of cases occur in persons over age 50.
- Symptoms include blood in your stool, chronic diarrhea, and persistent abdominal pain.
- However, many people with colon cancer do not have any symptoms at all. You should get tested even if you feel healthy.
- Regular testing can help detect cancer in its early stages, which is more likely to be treated successfully and cured.
- You can PREVENT cancer with regular screening!

- FOBTs are recommended once every year.

I'd like you to give this some serious thought and to talk to your doctor about it. Is there one doctor that you usually see? *[If not, encourage him/her to chose a primary care doctor or provide contact numbers (if available).*

Pre-contemplation (2)

[Heard of FOBT but has never thought about having it]

You told us that you have heard of a fecal occult blood test (FOBT), but haven't any plans to get one. You may not realize how important it is to have this test. Anyone can get colon cancer, though the risk is greater in people over age 50. You should get tested even if you feel healthy.

The good thing is that a FOBT can help detect colon cancer while it is small enough to be treated successfully and cured. Having an FOBT can even PREVENT cancer. Could we talk about some of the reasons why you are not planning to have a FOBT? **[Refer to counseling form for list of this client's barriers.]**

SCRIPT F2: CONTEMPLATION – FOBT

Contemplation (1)

[Never had a FOBT but plans to in the coming year]

You told our interviewer that you have thought about having a FOBT. I'm glad to know this, because everyone is at risk for having colon cancer, and every person needs these tests to stay healthy. Do you know that a FOBT can help find cancer very early, while it can still be treated? Having an FOBT can even PREVENT cancer; that's why it is so important – it could save your life! I am sure that you would like to do what ever you can to protect yourself from a serious illness, and the sooner you get one, the safer you will be. Please give this some careful thought and talk to your doctor about getting testing soon. Right now, I will be happy to answer any questions you may have.

Contemplation (2)

[Had FOBT more than 1 year ago and plans to have in the coming year]

I'm glad to know that you have had a FOBT and that you are thinking of having another one. It is very important for you to have one every year and you are now overdue for your next one. You may know that a FOBT can detect cancer early, while it can still be treated, and that having it can PREVENT cancer so I want to encourage you and help you get another FOBT just as soon as possible. Could you call and make an appointment today?

SCRIPT F3: RELAPSE – FOBT

Relapse

[Had FOBT in the past but does not intend to for the coming year]

I was sorry to find that you are not planning to have a FOBT in the near future. I'd like to remind you of the reasons why it is very important for you to continue having FOBTs.

- First, anyone can get colon cancer, and your risk increases as you get older, especially after age 50.
- Second, FOBTs can help find colon cancer early, when it is small and treatable.
- Third, FOBTs can actually PREVENT cancer. But it is necessary to have one every year for maximum protection. One or two FOBTs are not enough to be safe.

I'd like you to reconsider this very seriously. I'm here to work with you so that you can get another FOBT as soon as possible. In fact, I encourage you to make an appointment with your doctor to get testing today. What can I do to help you to do this?

SCRIPT F4: ACTION – FOBT

Action

[Had FOBT in past year, but not in past two years; intends to for coming year]

I'm glad to know that you have had a FOBT and plan to have another. It is so important to have regular FOBTs. When FOBTs are done every year, it helps to detect colon cancer early, before it has a chance to spread, and when it can still be treated. Having FOBTs can also PREVENT cancer. How was it for you when you had your last FOBT? Are you pretty sure you will be able to get your next one okay? Do you have the kit? If anything comes up and you need some help or information, be sure to call me.

SCRIPT F5: MAINTENANCE – FOBT

Maintenance

[Had FOBT in the past and plans to have another in the next year]
Cheerleading

I want to congratulate you for having had a FOBT, and for planning to have another one. This shows that you really understand how important it is to have yearly FOBTs. If for any reason you happen to run into any difficulties or need any information for getting your next FOBT, or need to get the FOBT kit, be sure to let me know. I’m definitely here to help you and to “cheer you on.”

SCRIPT S1: PRE-CONTEMPLATION – SIGMOIDOSCOPY (SIG)

<u>Pre-contemplation (1)</u>

[Never heard of a SIG]

When you were interviewed, you said that you had never thought about having a sigmoidoscopy. A sigmoidoscopy is an exam in which a doctor or nurse inserts a soft, very thin tube into the rectum (bottom) to look for signs of cancer or other problems in the lower part of the colon. A few days before the test, you will need to stop taking certain medications, which the doctor will go over with you. A sigmoidoscopy only takes about 10-15 minutes.

- Anyone can get colon cancer, though the risk increases as you get older.
- 90% of cases occur in persons over age 50.
- Symptoms include blood in your stool, chronic diarrhea, and persistent abdominal pain.
- Many people with colon cancer do not have any symptoms at all. You should get tested even if you feel healthy.
- Regular testing can help detect cancer in its early stages, which is more likely to be treated successfully and cured.
- Regular testing can also PREVENT cancer!

- A sigmoidoscopy should be done once every five years.

I'd like you to give this some serious thought and to talk to your doctor about it. Is there one doctor that you usually see? *[If not, encourage him/her to chose a primary care doctor or provide contact numbers (if available).]*

<u>Pre-contemplation (2)</u>

[Has heard of SIG but does not plan to have one]

You told us that you have heard of a sigmoidoscopy, but haven't any plans to get one. You may not realize how important it is to have this test. Anyone can get colon cancer, though the risk is greater in people over age 50. You should get tested even if you feel healthy.

The good thing is that a sigmoidoscopy can detect colon cancer while it is small enough to be treated successfully and cured. A signoidoscopy can even PREVENT cancer. Could we talk about some of the reasons why you have not planned to have a sigmoidoscopy? **[Refer to counseling form for list of this client's barriers.]**

SCRIPT S2: CONTEMPLATION – SIGMOIDOSCOPY

Contemplation (1)

[Never had a SIG but intends to in the coming year]

You told our interviewer that you have thought about having a sigmoidoscopy. I'm glad to know this, because everyone is at risk for having colon cancer, and every person needs these tests to stay healthy. Do you know that a sigmoidoscopy can find cancer very early, while it can still be treated? A sigmoidoscopy can even PREVENT cancer. That's why it is so important – it could save your life. I am sure that you would like to do whatever you can to protect yourself from a serious illness, and the sooner you get one, the safer you will be. Please give this some careful thought and talk to your doctor about getting testing soon. Right now, I will be happy to answer any questions you may have.

Contemplation (2)

[Had SIG more than 5 years ago and intends to have when it is due]

I'm glad to know that you have had a sigmoidoscopy and that you are thinking of having another one. It is very important for you to have one every five years and you are now overdue for your next one. You may know that a sigmoidoscopy can detect cancer early, while it can still be treated, and can even PREVENT cancer, so I want to encourage you and help you get another sigmoidoscopy just as soon as possible. Could you call and make an appointment today?

SCRIPT S3: RELAPSE – SIGMOIDOSCOPY

Relapse

[Had SIG in the past but does not intend to when it is due]

I was sorry to find that you are not planning to have a sigmoidoscopy in the near future. I'd like to remind you of the reasons why it is very important for you to continue having sigmoidoscopies.

- First, anyone can get colon cancer, and your risk increases as you get older, especially after age 50.
- Second, sigmoidoscopies can find colon cancer early, when it is small and treatable.
- Third, sigmoidoscopies can even PREVENT cancer. But it is necessary to have one every five years for maximum protection.

I'd like you to reconsider this very seriously. I'm here to work with you so that you can get another sigmoidoscopy as soon as possible. In fact, I encourage you to make an appointment with your doctor to get testing today. What can I do to help you to do this?

SCRIPT S4: ACTION – SIGMOIDOSCOPY

Action

[Had SIG in past 5 years, intends to have it when it is due]

I'm glad to know that you have had a sigmoidoscopy and plan to have another. It is so important to have regular sigmoidoscopies. When sigmoidoscopies are done once every five years, it detects colon cancer early, before it has a chance to spread, and when it can still be treated, and sigmoidoscopies can even PREVENT colon cacner. How was it for you when you had your last sigmoidoscopy? Are you pretty sure you will be able to get your next one o.k.? Have you made your appointment yet? If anything comes up and you need some help or information, be sure to call me.

SCRIPT S5: MAINTENANCE – SIGMOIDOSCOPY

Maintenance

[Had SIG in the past and plans to have when it is due again]
Cheerleading

I want to congratulate you for having had a sigmoidoscopy, and for planning to have another one. This shows that you really understand how important it is to have regular sigmoidoscopies. If for any reason you happen to run into any difficulties or need any information for getting your next sigmoidoscopy, be sure to let me know. I'm definitely here to help you and to "cheer you on."

SCRIPT C1: PRE-CONTEMPLATION – COLONOSCOPY (COL)

Pre-contemplation (1)

[Never heard of a COL]

When you were interviewed, you said that you had never thought about having a colonoscopy. A colonoscopy is similar to a sigmoidoscopy, except the doctor uses a

longer tube to examine the entire colon. Before a colonoscopy is done, you are given a liquid to drink to cleanse your colon and are usually given medication to make you sleep during the test. A colonoscopy takes about 30 minutes.

- Anyone can get colon cancer, though the risk increases as you get older.
- 90% of cases occur in persons over age 50.
- Symptoms include blood in your stool, chronic diarrhea, and persistent abdominal pain.
- Many people with colon cancer do not have any symptoms at all. You should get tested even if you feel healthy.
- Regular testing can help detect cancer in its early stages, which is more likely to be treated successfully and cured.
- Testing can even PREVENT cancer!

- Colonoscopies are recommended once every 10 years.

I'd like you to give this some serious thought and to talk to a doctor about it. Is there one doctor that you usually see? *[If not, encourage him/her to chose a primary care doctor or provide contact numbers (if available).]*

Pre-contemplation (2)

[Heard of COL but has never thought about having it]

You told us that you have heard of a colonoscopy, but don't have any plans to get one. You may not realize how important it is to have this test. Anyone can get colon cancer, though the risk is greater in people over age 50. You should get tested even if you feel healthy.

The good thing is that a colonoscopy can detect colon cancer while it is small enough to be treated successfully and cured. Colonoscopies can even PREVENT cancer. Could we talk about some of the reasons why you have not planned to have a colonoscopy? **[Refer to counseling form for list of this client's barriers.]**

SCRIPT C2: CONTEMPLATION – COLONOSCOPY

Contemplation (1)

[Never had a COL but intends to in the coming year]

You told our interviewer that you have thought about having a colonoscopy. I'm glad to know this, because everyone is at risk for having colon cancer, and every person needs these tests to stay healthy. Do you know that a colonoscopy can find cancer very early, while it can still be treated and that colonoscopy can even PREVENT cancer? That's why it is so important – it could save your life. I am sure that you would like to do what ever you can to protect yourself from a serious illness, and the sooner you get one, the safer you will be. Please give this some careful thought and talk to your doctor about getting testing soon. Right now, I will be happy to answer any questions you may have.

Contemplation (2)

[Had COL more than 10 years ago and intends to have when it is due]

I'm glad to know that you have had a colonoscopy and that you are thinking of having another one. It is very important for you to have one every ten years and you are now overdue for your next one. You may know that a colonoscopy can detect cancer early, while it can still be treated, and can even PREVENT cancer so I want to encourage you and help you get another colonoscopy just as soon as possible. Could you call and make an appointment today?

SCRIPT C3: RELAPSE – COLONOSCOPY

Relapse

[Had COL in the past but does not intend to when it is due]

I was sorry to find that you are not planning to have a colonoscopy in the near future. I'd like to remind you of the reasons why it is very important for you to continue having colonoscopies.

- First, anyone can get colon cancer, and your risk increases as you get older, especially after age 50.
- Second, colonoscopies can find colon cancer early, when it is small and treatable.
- Third, colonoscopies can even PREVENT cancer. The good news is that you do not need it every year, but having it once does not mean you are OK forever. Since it has been more than 10 years since you had it, it is possible that something new could be growing now. If you do not want to have another colonoscopy, you could do another kind of test for colon cancer.

I'd like you to reconsider getting tested very seriously. I'm here to work with you so that you can get tested as soon as possible. In fact, I encourage you to make an appointment with your doctor to get testing today. What can I do to help you to do this?

SCRIPT C4: ACTION – COLONOSCOPY

Action

[Had COL in past 10 years, intends to have it when it is due]

I'm glad to know that you have had a colonoscopy and plan to have another. It is so important to have regular colonoscopies. When colonoscopies are done once every ten years, it detects colon cancer early, before it has a chance to spread, and when it can still be treated. Having a colonoscopy can also PREVENT colon cancer. How was it for you when you had your last colonoscopy? Are you pretty sure you will be able to get your next one o.k.? Have you made your appointment yet? If anything comes up and you need some help or information, be sure to call me.

SCRIPT C5: MAINTENANCE – COLONOSCOPY

Maintenance

[Had COL in the past and plans to have when it is due again]
Cheerleading

I want to congratulate you for having had a colonoscopy, and for planning to have another one. This shows that you really understand how important it is to have regular colonoscopies. If for any reason you happen to run into any difficulties or need any information for getting your next colonoscopy, be sure to let me know. I'm definitely here to help you and to "cheer you on."

Barrier Scripts

SCRIPT B: INSURANCE COVERAGE BARRIER

* "Test is Expensive; Not Sure if Insurance Will Pay Follow-up Test Costs"
  - People who say they can't afford the test
  - People who are not sure if their insurance will pay for additional testing if their FOBT is abnormal

The FOBT test is FREE. A package containing information on colon cancer and an FOBT kit was sent to you. If you complete that test and mail it back you won't be charged anything. However, if the test result is abnormal you may need to have additional testing. If you have insurance, your insurance company will pay for these testing costs.

If you **do not** have insurance but qualify for low cost healthcare through the APD program, you will be billed for any follow-up tests you have based on your ability to pay.

* **Ability-to-Pay-on-Determination (APD) Program**: is for patients who don't have health insurance and do not qualify for Medicare or Medi-Cal. Patients pay on a scale from 0-30% of their medical costs depending on how much income they make.
  ** Member Services telephone number is (408) 885-7470.*

SCRIPT C: TELEPHONE BARRIERS

* **"Getting Help on the Phone"**
  [Some people find it hard to make an appointment or ask about their health insurance over the phone. Sometimes people hang up if they get an answering machine.]

Sometimes it is hard to get help over the phone because you don't know who to call. Call the BEST number you have, and:

- TELL them what you need
- ASK who you should talk to (get the correct phone number)

If this turns out to be the wrong phone number, call back to the first number and ask again; try asking if someone else may be able to help you.

Sometimes the person that answers is rude to you:

- Ask that person for their name (write it down)
- Call back at another time and ask to speak with a supervisor
- Tell the supervisor what happened, and give the name of the person who was rude

Sometimes you get an answering machine, with confusing instructions:

- Listen carefully; call back and listen a second time
- Try pressing the number that sounds closest to what you need, OR
  Try pressing "O" (the "operator" button)
- If instructions are not in a language you understand, when someone answers, speak in your language. They may be able to get someone who can speak with you.

REMEMBER – DON'T GIVE UP….THERE IS ALWAYS SOMEONE WHO CAN HELP YOU!

SCRIPT D: MD ACCESS BARRIERS

* **"Need an Appointment"**
[Client does not have an appointment]

Fecal Occult Blood Test (FOBT)

FOBT: There are certain things you need to have an appointment for but some things can be done without an appointment. You can complete the stool cards that you received in the mail in the privacy of your home and you do not need an appointment.

Sigmoidoscopy (SIG) or Colonoscopy (COL)

SIG OR COL: If your doctor recommended a sigmoidoscopy or colonoscopy, then you do need an appointment to have one. First, your doctor will fill out a referral card for you to have the test. Then you will receive a letter in the mail from the referral center about your appointment. Did you receive one? If not, you can call your doctor to request for a [sigmoidoscopy/colonoscopy].

** Patients CAN NOT contact the referral center directly. Once a referral is received, it gets processed and sent to the GI department. The GI department then sends the patient a letter informing them of their appointment.*

SCRIPT E: COMMUNICATION WITH PROVIDER/STAFF BARRIERS

***1. "Questions for Doctor"**

[People don't make a list of questions for their doctor, and so do not get the information they need.]

Sometimes after seeing a doctor or nurse we realize we are not sure about what is wrong, what we're supposed to do, or what treatment we are going to have. Many people have said that they don't feel respected by medical people and find it hard to talk to them. IT IS VERY IMPORTANT THAT YOU UNDERSTAND WHAT IS HAPPENING TO YOUR BODY --- you need to know what is wrong, what the doctor wants to do, if you have any choices for treatment, what you are supposed to do, and what can happen. Here are some things you can do to help this situation"

- Ask for time to talk
- Write your questions down and take them with you to your appointment
- Read your questions to the doctor and write down the answers
- Read these answers to the doctor to be sure it is right
- Take a minute to think if you have any other questions – *Don't Rush*
- Ask for a name and phone number to call if you think of more questions

***2. "MD/Staff Attitude"**

[Some people say they are not treated with respect, doctors don't care about them, they feel they are discriminated against, and/or the medical staff has been rude to them.]

Staff problem: If this happens again, you can ask to speak to a supervisor.

M.D. problem: It is alright to ask to see a different doctor for your next appointment.

REMEMBER…YOU HAVE A RIGHT TO THE INFORMATION YOU NEED AND TO THE SERVICES YOU NEED. DOCTORS AND NURSES UNDERSTAND THIS AND MOST OF THEM ARE READY TO HELP YOU!

***3. "Language Barrier"**

[People who do not speak English or speak it poorly often do not get the information they need because providers or staff do not speak their language.]

If the doctor doesn't speak (Spanish/Vietnamese), you may ask for an interpreter.

- Many people ask for an interpreter – this is a common request. There are telephones in the exam rooms for dialing directly to the translation office to ask for a translator who speaks [Spanish/Vietnamese]. Usually the wait time is only a few minutes for a translator. If you happen to call during a busy time when no [Spanish/Vietnamese] translators are available, you'll get transferred to another line so that you don't have to wait a longer time. During your visit, the translator will talk with you and your doctor by speakerphone.

  - Times NOT recommended for making appointments; long waits for a translator.
    10:00 – 12:00 PM (end of morning clinic)
    2:00 – 5:00 PM (end of afternoon clinic)

  - BETTER times for scheduling appointments when more translators are available.
    8:00 – 10:00 AM (mornings; when clinic first opens)
    1:00 – 2:00 PM (beginning of afternoon clinic)

- You can also ask for information such as booklets, maps or directions in your language.

- You can also ask if there are staff members who speak your language who may be able to help you. Often times the clinic has staff who speak your language and can help translate.

- You can also bring a family member to your appointment if you'd like, but please keep in mind that you can use them as a translator <u>**if**</u> someone from the clinic is not available to translate.

*** Only Chaboya has 1 in-clinic female, Vietnamese/Chinese translator.*
*** Clinic staff are sometimes also used instead of the translation service.*

SCRIPT F: PERCEIVED RISK AND KNOWLEDGE BARRIERS

* **"Colon Cancer Not Likely"**
[Some think that their chances of getting colon cancer are unlikely.]

Some people think that only those with a father/mother/brother/sister who has had colon cancer can get this disease. But this is not true! Anyone can get colon cancer. It is recommended that everyone over the age of 50 get tested.

Colon cancer is the second most common cause of cancer deaths in the United States.

For Latinos, colon cancer is the second cause of cancer death in men and is the third cause of cancer death in women.

For Vietnamese, colon cancer is the second most common cancer in women and the fourth most common cancer in men.

* **"Low CRC Knowledge"**
- Risk of developing CRC
- 4 ways of screening for CRC
- Why screening makes sense

Risk of Developing CRC

*Both men and women can get colon cancer. But **people over the age of 50 are more likely** to get colon cancer! That's why **everyone should get tested starting at age 50 and up!***

Risks increase with:

- ***Age**: 90% of cases occur in persons over age 50.*
- ***Polyp**: A polyp is a growth on the inner wall of the colon and rectum. If not removed, some polyps may become cancer.*
- ***Family history**: Having parents or a brother or sister with colon cancer increases the chances of getting colon cancer.*
- **Inflammatory conditions of the bowel**: such as Crohn's disease or ulcerative colitis can increase the chance of getting colon cancer.

4 Ways of Screening for CRC

("I don't know what to do to get tested/which test should I have?")

There are 4 tests to check for colon cancer.

1. Fecal Occult Blood Test (FOBT)
2. Sigmoidoscopy
3. Colonoscopy
4. Double Contrast Barium Enema

A **fecal occult blood test** is also known as a stool blood test. It is done at home using a set of three cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from three separate bowel movements and return the cards to be tested. It is different from the test for parasites that uses small bottles of liquid.
If you are thinking about doing anything, at least do this test. This test is the **easiest**; **and you can do it at home!** If you don't have the cards that were sent to you in the mail, I can send you more.

*A **sigmoidoscopy** is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test only examines the* lower part *of the colon.*
For a sigmoidoscopy, you do not need to drink the liquid to cleanse your colon before the test and do not receive medication to make you sleepy. You are awake; you are able to drive yourself home after the test and you are able to resume your normal activities.

A **colonoscopy** is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test examines the *entire* colon.
Before a colonoscopy is done, you are given a liquid to drink to cleanse your colon and are usually given medication through a needle in your arm to make you sleepy. You need someone to drive you home after the test and you may need to take the rest of the day off from your usual activities.

A **double contrast barium enema** is a test that uses x-rays of the colon to check for cancer after giving a person an enema with liquid called barium.

YOU SHOULD TALK WITH YOUR DOCTOR
TO FIND OUT WHICH TEST IS RIGHT FOR YOU.

Why Screening Makes Sense

("I don't need to get tested because I don't have any symptoms.")
("I feel fine so don't need to get tested.")

Many people with colon cancer DO NOT have any symptoms at all. That's why you need to get tested even if you feel healthy.

Colon cancer starts as a polyp. Over time, polyps can turn into cancer. Screening can help find and remove polyps early to PREVENT cancer.

It is very important to start screening early to detect signs of cancer in time, when they are small. When found early, colon cancer can be treated successfully and cured.

FOR A LONG AND HEALTHY LIFE,
GET TESTED TO PREVENT COLON CANCER!

("I don't need it because I have a healthy lifestyle.")
("I eat well and do the right things so do not need to get tested.")

I'm glad to hear that you are doing things to take care of your health. Eating a healthy diet (with plenty of fruits and vegetables, with little red meat) and getting regular exercise may help decrease your chances of getting colon cancer, however, you still need to get tested.

DOING AN EXAM TO CHECK FOR COLON CANCER
IS THE **BEST** WAY TO PREVENT COLON CANCER!

("My doctor did a rectal examination so I do not need any more tests.")
(Thinking that a rectal examination is enough for CRC screening)

A rectal examination may be important for other reasons. However, a rectal examination is not enough to test for colon cancer. Even if your doctor took a sample of your stool (poop) and tested it, that is not enough. It is important that you do the stool tests at home on three different days or talk to your doctor about other colon cancer tests.

SCRIPT G: FAITH/FATE BARRIERS

RELIGIOSITY/LOCUS OF CONTROL

1. RELIGIOSITY: God's will

Some people think cancer is God's will and that God decides who lives and dies.

[For those who agree with:]
"If it is God's will for me to get cancer, I will get it."
"God decides if you live or die"
"Health is in the hands of God"

You mentioned that you thought it was up to God if someone got cancer or lived or died. Your beliefs are extremely important and they are a big part of you who you are. Although some things are not under our control, there are some things **YOU** can do prevent cancer. One thing you can do is get tested for colon cancer. Testing for colon cancer can prevent colon cancer and can find early cancers. Colon cancers that are found early can often be treated. This can save your life.

2. RELIGIOSITY: Impact of Prayer

Some people believe that prayer can save lives or prevent disease.

[For those who agree with:]

"Prayer can cure disease."

Prayer is very important to many people. It can help many people get through very difficult times. In addition to prayer, there are other things you can do to prevent or cure disease. One such thing is cancer testing. Getting tested for colon cancer regularly may reveal polyps before they turn into cancer. If found early, polyps can be removed and this PREVENTS cancer. Getting tested for colon cancer can also help find early cancers that can often be cured.

RELIGIOSITY/LOCUS OF CONTROL

3. LOSS OF CONTROL: Health is out of my hands

Some people believe that good health is out of their control, and what is meant to be will be.

[For those who agree with:]
"Life and death are beyond your control"
"Good health is out of my hands"
"People with cancer survive if they were mean to be"

Some people believe that life and death or good health is out of their hands and people with illness survive only if it is meant to be. In addition, there are things that you should do to stay and keep healthy. One thing you can do is to decide to get tested for colon cancer. Regular colon cancer testing can prevent cancer. Regular testing also helps finds cancer in the early stages. Cancer found in its early stage can sometimes be cured. By choosing to get tested for colon cancer you ***are*** choosing good health and taking control of your life!

SCRIPT I: FOBT SCREENING TEST BARRIERS

* **"Barriers to Having a FOBT"**
- Some people are afraid that the test will be *messy*
- Preparation (diet or medication) is *too complicated*
- Need another FOBT kit

[Description of FOBT]
A fecal occult blood test is also known as a stool blood test. It is done at home using a set of three cards to determine whether the stool contains blood. You smear a sample of your fecal matter or stool on a card from three separate bowel movements and return the cards to be tested. It is different from the test for parasites that uses small bottles of liquid.

[Script]
I do understand why you may not like to have a fecal occult blood test. But I'd like to give you some information about the test.

1. *First, the test kit comes with instructions in (Vietnamese/Spanish) and has small sticks to pick up some stool and put on the card. You don't have to touch your stool. And this is done privately in your own bathroom.*

2. *Second, while preparations for the test may seem complicated because it requires you to stop eating certain foods and stop taking certain medications like aspirin or aspirin-like medicines, your doctor will give you a list of all these things. You can refer to the list if you have questions.*

3. *Third, doing a fecal occult blood test can help detect problems early so that they can be treated and cured in time and can even PREVENT cancer. Having this test is* **one of the most important things that you can do** *for yourself and for your family.*

* **"Barriers to Having a FOBT"**
- Regular "annual" screening is a problem

[SCRIPT]
When you were interviewed, you said you didn't think that you would be able to do a fecal occult blood test EVERY year. I'm wondering if you still feel that way. *As you think about it* ***now,*** *do you believe you can do a fecal occult blood test every year?*

If YES: Good! I'm happy that you can do this, because this is one of the best tools available for finding colon cancer early….while it **can still be cured!** I think you will be glad that you plan to get regular screening; I'm sure it will give you and your family great peace of mind to know that you are doing the best you can to take care of your health.

If NO: Perhaps there is something that would make it possible for you to do annual fecal occult blood tests. As I've already mentioned, early detection has greatly reduced the death rate from colon cancer. But to be sure of EARLY detection, it is necessary to be screened on a regular basis--that is, EVERY year. *Can you tell me why you think you cannot have a fecal occult blood test every year?*

[CHA: Determine what the barrier/s are; refer to the SCRIPT/s for the barrier/s client mentions.]

"I don't have an FOBT kit"
(lost the kit, never got it, threw it away, etc.)

It sounds like you need an FOBT test kit. I would be happy to have a test kit sent to you. It will include the cards you need as well as the instructions in *[Vietnamese/Spanish]* that you need to complete the test. Would you like me to send one to you?

SCRIPT J: SIG/COL SCREENING TEST BARRIERS

* **"Barriers to Having a SIG/COL"**
- Some people are afraid it will be painful/ uncomfortable
- Afraid it will be embarrassing
- Thinks the test takes too much time
- Say they're too busy/can't take time off work
- Have transportation problems (needing someone to take you home)
- Childcare or eldercare problems
- Test is dangerous of unsafe
- Lost/Does not have a referral

(Description of Sigmoidoscopy)
A sigmoidoscopy is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test only examines the lower part *of the colon.*
For a sigmoidoscopy, you do not drink the liquid and do not receive medication to make you sleepy. You are awake; you are able to drive yourself home and you are able to resume your normal activities.

(Description of Colonoscopy)
A colonoscopy is a test that examines the colon using a narrow, lighted tube that is inserted in the rectum. This test examines the *entire* colon.
Before a colonoscopy is done, you are given a liquid to drink to cleanse your colon and are usually given medication through a needle in your arm to make you sleepy. You need someone to drive you home after the test and you may need to take the rest of the day off from your usual activities.

- ***Painful/Uncomfortable:***
  Most people who have had a sigmoidoscopy or colonoscopy say it is not painful, but it is a little bit uncomfortable (bloated or stomach cramps). Most people say it is not as bad as they expected.

- ***Embarrassing:***
  If you have a sigmoidoscopy or colonoscopy, doctors and nurses will perform it in a private room. Your private areas will be covered with a sheet or blanket. The doctors and nurses will do what they can to make it less embarrassing for you.

- ***Length of test:***
  A sigmoidoscopy takes about 10-15 minutes.
  A colonoscopy takes a bit longer (about 30 minutes).

- ***Too busy/can't take time off work:***

  (too busy in general)
  I understand that you, like most of us, are often times busy because you have many things to do all the time. But in order for us to be able to do these things everyday, we must be healthy.
  One important thing you can do is have regular check-ups, which can detect unusual changes for further examination. Often times when a disease such as cancer is found early it can be treated and cured successful to save your life! For colon cancer it is possible to actually PREVENT cancer by being tested. That's why no matter how busy we are, we should still take a little bit of time out to take care of our health.

  (can't take time off work)
  ASK: What day(s) do you have off?

  If Monday-Friday: How about making an appointment on one of these days so that you don't have to take time off work.

  If Saturday-Sunday: Some clinics are open on the weekends or may be able to make special arrangements to accommodate you. You should check with your clinic or talk to your doctor to find out what's available.

  If None/ other suggestions:
  - How about asking a co-worker to fill in for you
  - Talk to your supervisor in advance before he/she posts the new schedule so that adjustments can be made to allow you to take that day off.
  - Ask your clinic or doctor for other options.

REMEMBER - FOR THE STOOL TEST YOU DO NOT NEED TO TAKE TIME OFF. YOU CAN DO THE TEST AT HOME.

- ***Transportation problems:***
  The best thing to do is find someone who can pick you up after the test. Remind them of your appointment the day before the test, and have their telephone number handy in case you need to contact them.

  Driver suggestions:
  - A family member (spouse, sibling, son/daughter, grandchildren, other relative)
  - A friend, neighbor

- ***Childcare/Eldercare problems:***
  Before making an appointment, find someone else to care for the *(child(ren)/ other person)* and ask them when they are free. Schedule your test on a day that's convenient for the person who's filling in for you.

- ***Test is dangerous or unsafe***
  (patient is worried about complications)
  You are right that there is the possibility of a problem when you have a medical test, but the likelihood of a problem is low compared with the benefits you will receive from being tested. However, colon cancer is very common and it is unusual to have a problem with the screening tests. If you are concerned about test safety, you may want to consider having the FOBT test where you collect specimens of your stool on cards. This test is not dangerous.

- ***Lost referral***
  (patient lost referral and needs another one)
  That won't be a huge problem. You can call your doctor to ask for a new referral.

- ***Does not have a referral for SIG/COL***
  (doctor did not give referral)
  If you would like a referral for a colon cancer testing, ask your doctor.

SCRIPT K: NO M.D. RECCOMENDATION BARRIERS

* **"Doctor Did Not Talk About Screening"**
[Reasons why doctors might not bring it up; encourage client to ask doctor]

Sometimes doctors do not tell their patients that they need to have a screening for colon cancer. According to doctors, there are several possible explanations for this:

- One may be that the patient has other, more urgent health problems that require the doctor's immediate attention.
- Another may be that many patients are in the waiting room, and the doctor feels he or she does not have enough time to talk about it
- Doctors have also said that sometimes they "just forget" to talk about cancer screening tests, but that they recommend them whenever they remember to do so.

Whatever the reason may be that your doctor did not recommend a colon cancer screening test, **you are free to bring the subject up at your next visit. Ask your doctor what tests or exams he or she recommends for early detection of colon cancer, and how often you should have them.**

SCRIPT L: HEALTH PROBLEMS BARRIER

*** "Health Problem Gets in the Way of Screening"**

You indicated that you have other health problems that get in the way of getting a screening test. Although it is important to go to the doctor to get health problems taken care of, it is also important to go to PREVENT problems from happening. When your other problems are stable, it might be a good time to talk with your doctor about colon cancer screening. Can I call you back in two weeks to talk about this again?

SCRIPT M: NO BARRRIER IDENTIFIED

* **No Barrier Identified**
[Client did not mention any barrier, probe to determine why; refer to the *SCRIPT/s* for the barrier/s they mention.]

I am glad that you do not feel you have any barriers to getting screened for colon cancer.

I am glad that you feel that you will be able to get screened for colon cancer. If you have any questions or concerns, please discuss them with your doctor.

Emergency Situation Protocol

HOW TO HANDLE EMERGENCY SITUATIONS

BACKGROUND:

Everyone participating in the "Healthy Colon, Healthy Life" (HCHL) project will have the opportunity to obtain additional information regarding our study by calling one of two phone numbers designed specifically for this study. Additionally, participants randomized to receive a telephone counseling intervention will be contacted by highly trained Community Health Advisors to discuss barriers to screening. During these phone contacts situations may arise that need to be dealt with urgently. For example, a participant may report to the telephone counselor that he or she is having active rectal bleeding and feels lightheaded. Participants may also call the HCHL "hotline" and leave a message that needs to be dealt with urgently. Though we suspect that these events will occur infrequently, this protocol has been developed to serve as a guide for telephone counselors and "hotline" supervisors when encountering urgent situations.

PROCEDURE:

1. If the participant is having a medical emergency they should call **911. Telephone counselors should call the participant back within one hour to follow up.**
2. If a telephone counselor encounters a patient who is having an active, non-emergent medical problem, they should instruct the participant to call the **XXXX Medical Center Triage Number at XXX-XXX-XXXX.** This call center is managed 24 hours a day and can assist in triaging the participant. If a message is left on the "hotline", participant should be called immediately and instructed to call the **Triage Number listed above.**
3. Telephone counselors should document the event including, participant name, contact info, date event occurred, summary of problem (i.e. participant was having active bleeding and was feeling very dizzy), outcome (i.e. participant was given number to XXX triage center). If message was left on "hotline" document information in logbook.
4. Counselor supervisors/trainers should be notified ASAP.
5. **For non-emergent issues,** telephone counselor (or hotline supervisor) should contact participant **within 24 hours** for follow up. Date, time and outcome of this follow up should be documented and attached to participant counseling report.
6. **Telephone counselors or "hotline" supervisors should not give out medical advice at any time.**

If there are any questions or you need additional assistance, please contact XXXX (Program Manager).

Abnormal FOBT Follow-up Protocol (Script)

BACKGROUND:
Participants in our program who complete and return FOBT kits may have abnormal results (i.e. hidden blood in their stool).

Remember, there can be many reasons for blood in the stool. Blood in the stool doesn't always mean cancer, BUT it does need to be followed up with additional studies or exams. Some common causes of blood in the stool include hemorrhoids, anal fissures (small cuts), diverticulitis ("potholes" in the colon that can become infected and/or bleed), and stomach ulcers.

When an abnormal result occurs for one of our study participants, the lab at XXXX Medical Center will send the participant's primary care provider a notification within a few days (remember that everyone participating in this program has a primary provider at XXXX Medical Center).

The provider will then send a referral to GI (Gastroenterology) requesting follow up evaluation. Abnormal FOBT results are almost always followed up with a colonoscopy at XXX. In some cases it can take up to 3-4 months for a participant to be seen in GI. Providers or their assistant usually notify participants telling them that they will be getting a letter in the mail from the GI clinic to arrange an appointment. **Some** providers will ask see participants before sending them to GI. At this visit, providers may order additional labs (ie. a blood count to see if they are anemic), obtain additional history (ie. weight loss and other worrisome symptoms for cancer) and perform a physical exam. If the provider feels it is necessary (i.e. participant has symptoms worrisome for cancer), the PROVIDER will call GI and obtain an urgent appointment (usually within 2-3 weeks).

PROCEDURE:
If a study participant receives an abnormal FOBT result and calls the "Healthy Colon Healthy Life" phone line or telephone counselors:

1. Please have the **patient call the XXXX Medical Center Triage Number** at XXX-XXX-XXXX**.** This is a centralized call center for **ALL** XXXX Medical Center clinics. They can leave a message requesting to speak with their provider.
2. **Document** participant call in the participant call **log-book** (for "hotline" calls) or on **participant counseling report** for CHA's. Please document participant name, provider (if participant is aware), participant phone number, date called.
3. **Call** participant back **within 2 weeks** to make sure they were able to get in touch with their provider. Document date, time and name of person calling back the study participant. If at the 2 week f/u call, there has been no resolution, the telephone counselor should contact study investigators, who will then refer the situation on to the XXXX Medical Center collaborators.

4. **Document** date participant have evaluation. ***<u>Program Managers</u>*** will have XXXX Medical Center check schedules every 3 months to see how long it took for participant to be seen.

If there are any questions or you need additional assistance, please contact XXX (Program Manager) at XXX-XXX-XXXX (cell) or XXX-XXX-XXXX (pager) (Spanish speaking patients) or XXX (study investigator) at XXX-XXX-XXXX (voicemail) or XXX-XXX-XXXX (pager) (Vietnamese speaking patients).

Part C: Forms and Record Keeping

Includes:

- Development of a Log Book Protocol
- Participant Personal Profile
- Client Counseling Report
- Follow-up Call Log

Development of a Log Book Protocol

(Will be used to track all participant calls)

BACKGROUND:
Participants in the "Healthy Colon, Health Life" project may have questions regarding our study. We expect that the questions will be varied and will range from wanting to discuss abnormal test results or worrisome symptoms to wanting to find out more about colon cancer screening.

Two phone lines have been established specifically for this study. One line is for Vietnamese speaking participants and one if for Spanish speaking participants. During the time of initial consent (baseline survey) participants are given the appropriate phone number. Written copies of the consent form, which include the phone numbers, are mailed to participants. The "Healthy Colon, Healthy Life" brochure also lists project phone numbers.

The research team will keep track of all phone calls that come in. Messages will be checked at least twice weekly and a log will be used to keep track of participant messages.

PROCEDURE:

1. Two phone lines are available for participants to call in. The phone number for Spanish speaking participants is **XXX-XXX-XXXX**. The phone number for Vietnamese speaking participants is: **XXX-XXX-XXXX**.

2. Two logbooks will be created to keep track of all calls, one for each language.

3. The following information is to be documented:
   a. Date message was heard
   b. Participant name
   c. Participant phone number
   d. Date participant called (if available)
   e. Summary of message
   f. Where message triaged (i.e. message sent to counselor, study investigators notified, etc.)
   g. Follow up
   h. Date follow up occurred
   i. Initials of recorder

4. Phones will be checked for messages at least **TWICE WEEKLY**

Participant Personal Profile

Participant Personal Profile (PPP)

CHA: ______________________________ Date Assigned: ____________________

Participant's Name: «fname» «lname» **Participant's ID: «Study_ID»**

Participant's Home Phone: «sphone» **Participant's Cell#: «fc2cell»**

Ethnicity: «ethnic» Language: «lang»

Contact 1:

Name: «fc3aopn»
Phone: «fc3atel»

Unsuccessful Phone Attempts (no answer/answering machine/wrong number)
Date and time each attempt

1 ______________________ 5 ______________________
2 ______________________ 6 ______________________
3 ______________________ 7 ______________________
4 ______________________ 8 ______________________

Other Unsuccessful Attempts (spoke with another person)

Date and time each attempt

1 ______________________ 3 ______________________
2 ______________________ 4 ______________________

Contact w/Client Made: Y N Date: ______________

Length of contact w/ Client: *Start time:* ____________ to *End time:* ____________

CURRENT INFORMATION as of date:

Name: «fname» «lname»

Address: «address»
«city», «state» «zip»

Phone: «sphone»

Health Insurance:

UPDATE as of date:

Name: ______________________

Address: ______________________
____

Phone: ______________________

Has health insurance changed? Y N

Type of Insurance: ______________________

Submit copy to Project Office

Participant Personal Profile (PPP)

Participant's Name: «fname» «lname» Participant ID#: «Study_ID»

CURRENT COLON CANCER SCREENING INFOFORMATION

Last FOBT: «fe3» ______________

Last Sigmoidoscopy: «sc4» ______________

UPDATE

Last FOBT: ______________________

Last Sigmoidoscopy:

Last Colonoscopy: «sc8» ____________________ Last Colonoscopy: ____________________

Adoption Stage: ____________________ Location: ____________________

COLON CANCER SCREENING STATUS

Up-to-date? [ ] *Up-to-Date if had: FOBT in last 12 months*
SIG in last 5 years
COL in last 10 years

(if other MD recommendation note) ____________________

____

When will participant be due for next screening?

FOBT in last 12 months: ____________________

SIG in last 5 years: ____________________

COL in last 10 years: ____________________

Due/Overdue? [ ] ______ FOBT ______ OR ______ SIG/COL ______
Or
Never Has Screening [ ]

1. Has particpant received FOBT packet? Y *(if yes, continue to Q2)*

N *(if no, verify address and alert supervisor to resend)*

Has participant made appt for screening?

If YES [ ] Appt Date: _____

If NO [ ] Do you plan to make one?

YES [ ]

NO [ ]

2. FOBT test completed and returned? Y *(Thank ad continue to CCR)*

N *(Ask Q3 and encourage client to take action)*

3. Participant planning to return test? Y N
Not sure [ ]

Note on Tickler Card to remind you to re-contact:
- *When participant will be due for next screening*
- *When participant has screening appointment*
- *Follow-up on returning FOBT test*

Submit copy to Project Office

Client Counseling Report
(*Template*)

Participant Name: ____

Participant ID: ____

FOBT

Date of last FOBT: ___________________________________

FOBT Stage of Change: _______________________________ (i.e. Contemplation 2)

Sigmoidoscopy

Date of last sigmoidscopy: _______________________________

Sigmodoscopy Stage of Change: ______________________________ (i.e. Relapse)

Colonoscopy

Date of last colonoscopy:____

Colonoscopy Stage of Change: __________________________________ (i.e. Relapse)

Barriers: *(list as many as necessary)*

Barrier #1:

Barrier #2:

Barrier #3:

Follow-up Call Log

Healthy Colon, Healthy Life
Telephone Counseling Follow-up Calls Log

CHA INITIALS: _____ **Participant Name/ID: «fname» «lname»/ «Study_ID»**
Telephone Number: «sphone»

DATE	TIME *(duration of call))*	REASON FOR CALL	NOTES/COMMENTS *(please indicate if contact unsuccessful)*	TO DO
	(start) **(stop)**			

	(start) **(stop)**			
	(start) **(stop)**			
	(start) **(stop)**			
	(start) **(stop)**			
	(start) **(stop)**			
	(start) **(stop)**			

Miscellaneous

Includes:

- Cheat Sheet
- Check-in and Problem Solving
- Algorithm for Identifying Stage of Change
- Scripts to Print for Telephone Counseling
- Sample Excel Database

Healthy Colon Healthy Life Cheat Sheet
Reasons to Screen for Colon Cancer
And Other Useful Facts

REMINDER

All participants are:

- **Vietnamese or Latino men and women**
- **Age 50-79**
- **Receive primary care at one of Valley Medical Center's clinics**

Also:

- **Participant's providers gave us permission to contact the participant.**
- **Every participant you contact will have already participated in the baseline survey.**

Reasons to get screened for colon cancer:

1. Screening can help find cancer early, which is more likely to be treated successfully and cured.

2. You can PREVENT cancer with regular screening.

3. You risks for getting colon cancer increases with age, screening can help you find cancers early, which is more likely to be treated successfully and cured.

4. Screening can provide you with peace of mind.

5. Screening can keep you healthy.

6. Screening can help you live a long life (this helps keep you alive for your friends and family who love you!)

7. Lots of people with colon cancer have no symptoms at all, you should get tested even if you feel healthy.

8. The FOBT test for those involved in our study is free.

9. Most insurance companies cover screening. If you don't have insurance, there are some special programs that will bill you on your ability to pay.

SCREENING SAVES LIVES!

<u>Some Helpful Pearls on Colon Cancer Screening Tests:</u>

1. **FOBT (once yearly)**
    a. Patients are given three cards they take home and do by themselves. Most people will recognize if you say "three little cards that came in an envelope to check for hidden blood in your stool".
    b. For men, a rectal exam by their doctor to check the prostate is not the same as being checked for colon cancer.

2. **SIGMOIDOSCOPY (every 5 years)**
    a. Most people will never forget this if they had it. They are completely awake during the whole procedure and go home right after its done. So if you say "you were awake during the test to look inside your colon" this will help trigger their memory and help differentiate from a colonoscopy.

3. **COLONOSCOPY (every 10 years)**
    a. The way to remember this one is by saying "you were given a medicine to make your sleepy. You had to stay a few hours after your test and have someone drive you home". Being sedated for the colonoscopy is a way patients can tell it apart from a SIG.

4. **BARIUM ENEMA**

Not done much, but you may speak to some people who say they had this test. Most patients will remember it as test where they had to drink some white liquid or had an enema. Then X RAYS were taken.

Check-in and Problem Solving

TRANING ISSUES

1. Do you feel that the training prepared you adequately to do the counseling that you did? Was the length of the training too long, too short, or just right?
2. What did you like about the training?
3. What did you dislike about the training?
4. What changes would you make to improve the training program?
5. Did you get adequate feedback from the telephone-counseling trainers?
6. Was the feedback helpful? Please give examples of how the feedback helped you.

COUNSELING PROCESS

1. How comfortable are you providing counseling over the phone?
2. How comfortable are you talking about the fecal occult blood test (FOBT)?
3. Do you review the brochure with each client?
4. Are there any concerns that the client had? Specifically, are there concerns about getting tested (FOBT), concerns about the counseling process? Others?
5. On average, how often do you contact each participant?
6. What is the most rewarding part of being a telephone counselor?
7. What is the most challenging part of being a telephone counselor?
8. How do you feel about the paperwork? Does the training prepare you to handle the paperwork? Do you encounter problems managing the paperwork? If so what are they?
9. Do you encounter any difficulty with participants having cell phones?
10. Are there things that can be done to make the counseling process better? (i.e. more training, increased access to study investigators, etc)
11. Is the workload (number of cases) optimal? (too little, just right, too much)
12. Does the program benefit you personally? Why or why not?
13. Will you be a telephone counselor again?

CAPACITY BUILDING

1. Do you think this type of activity benefits the community? If yes, how?
2. Are there other areas where you think this type of counseling might be helpful? If so, where?

COMMUNITY BUILDING

1. What has been your experience in working with telephone counselors of your own ethnicity (i.e. as a group)?
2. What has been your experience in working with telephone counselors from different ethnic backgrounds?
3. Do you have suggestions on how different ethnic groups can work together?

STRATEGIES FOR IMPROVEMENT

1. How do you think the telephone counseling process can be improved?
2. Is there anything you would like to work on before our next check-in session?

Algorithm for Identifying Stage of Change

Assess stage of change for fecal occult blood test (FOBT) and for sigmoidoscopy/colonoscopy by using the Baseline Survey. Depending on how the patient answers the questions, the Stage of Change is determined. The letter/numbers refer to the question numbers in the Baseline Survey. The highest stage of change is the one assigned (eg if the person is in precontemplation for FOBT but action for colonoscopy, stage is ACTION.) Based on the way the questions are answered, see what scripts should be printed and inputted into the Participant Personal Profile and read to the patient.

Order of precedence:
Maintenance
Action
Relapse
Contemplation
Precontemplation

STAGES FOR FOBT

If
FE 1 (Now, I would like to ask you questions about some medical tests. Have you ever head of a fecal occult or stool blood test) = NO, and
FE 2 (Have you ever done a stool blood test using a "home" test kit) = NO, and
FE 6 (Sometimes people think about having a test before they actually do it. Have you ever thought about getting a home stool blood test?) = NO, and
FE 7 (Do you plan to get a fecal occult blood test in the next 12 months) = NO
Then the patient is in **Precontemplation 1** (he/she has never thought about getting tested for cancer)

If
FE 1(Now, I would like to ask you questions about some medical tests. Have you ever head of a fecal occult or stool blood test) = YES, and
FE 2 (Have you ever done a stool blood test using a "home" test kit) = NO, and
FE 6 (Sometimes people think about having a test before they actually do it. Have you ever thought about getting a home stool blood test?) = YES, and
FE 7 (Do you plan to get a fecal occult blood test in the next 12 months) = NO
Then the patient is in **Precontemplation 2** (he/she has heard of colon cancer testing, but doesn't have any plans to get tested)

If
FE 1(Now, I would like to ask you questions about some medical tests. Have you ever head of a fecal occult or stool blood test) = YES, and
FE 2 (Have you ever done a stool blood test using a "home" test kit) = NO, and
FE 6 (Sometimes people think about having a test before they actually do it. Have you ever thought about getting a home stool blood test?) = YES/NO/NOT SURE, and

FE 7 (Do you plan to get a fecal occult blood test in the next 12 months) = YES,
Then the patient is in **Contemplation 1** (he/she has thought about having a colon cancer test and is planning to have one)

If
FE 1(Now, I would like to ask you questions about some medical tests. Have you ever head of a fecal occult or stool blood test) = YES, and
FE 2 (Have you ever done a stool blood test using a "home" test kit) = YES, and
FE 3 (When did you do your most recent stool blood test?) = 3, 4, 8 or 9, and
FE 7 (Do you plan to get a fecal occult blood test in the next 12 months) = YES,
Then the patient is in **Contemplation 2** (he/she has had a colon cancer test in the past and is overdue for the next one)

If
FE 1(Now, I would like to ask you questions about some medical tests. Have you ever head of a fecal occult or stool blood test) = YES, and
FE 2 (Have you ever done a stool blood test using a "home" test kit) = YES, and
FE 3 (When did you do your most recent stool blood test?) = 3, 4, 8 or 9, and
FE 7 (Do you plan to get a fecal occult blood test in the next 12 months) = NO,
Then the patient is in **Relapse** (he/she has had the test in the past, and is now due and not planning to have a colon cancer test in the near future)

If
FE 1(Now, I would like to ask you questions about some medical tests. Have you ever head of a fecal occult or stool blood test) = YES, and
FE 2 (Have you ever done a stool blood test using a "home" test kit) = YES, and
FE 3 (When did you do your most recent stool blood test?) = 1 or 2, and
FE 4 (How many home stool blood tests have you had in the past 5 years?) = 1, and
FE 7 (Do you plan to get a fecal occult blood test in the next 12 months) = YES,
Then the patient is in **Action** (he/she has had at least one colon cancer test and plans to have the next one on schedule)

If
FE 1(Now, I would like to ask you questions about some medical tests. Have you ever head of a fecal occult or stool blood test) = YES, and
FE 2 (Have you ever done a stool blood test using a "home" test kit) = YES, and
FE 3 (When did you do your most recent stool blood test?) = 1 or 2, and
FE 4 (How many home stool blood tests have you had in the past 5 years?) = 2 or 3,
Then the patient is in **Maintenance** (he/she has had at least two colon cancer tests on schedule)

STAGES FOR SIGMOIDOSCOPY/COLONOSCOPY

If

SC 1 (Before the tests were described, have you ever heard of a sigmoidoscopy?) = No, never heard/ Don't know/ Not sure, and
SC 2 (Before the tests were described, have you ever heard of a colonoscopy?) = NO, and
SC 3 (Have you ever had a sigmoidoscopy?) = NO, and
SC 7 (Have you ever had a colonoscopy?) = NO, and
SC 11 (Have you ever thought about getting a sigmoidoscopy?) = NO, and
SC 12 (Have you ever thought about getting a colonoscopy) = NO, and
SC 15 (Are you planning on getting a sigmoidoscopy when it's due?) = NO, and
SC 16 (Are you planning on getting a colonoscopy when it's due?) = NO,
Then the patient is in **Precontemplation 1** (he/she has never thought about getting tested for colon cancer)

If
SC 1 (Before the tests were described, have you ever heard of a sigmoidoscopy?) = YES, OR
SC 2 (Before the tests were described, have you ever heard of a colonoscopy?) = YES, and
SC 3 (Have you ever had a sigmoidoscopy?) = NO, and
SC 7 (Have you ever had a colonoscopy?) = NO, and
SC 11 (Have you ever thought about getting a sigmoidoscopy?) = NO, and
SC 12 (Have you ever thought about getting a colonoscopy) = NO, and
SC 15 (Are you planning on getting a sigmoidoscopy when it's due?) = NO, and
SC 16 (Are you planning on getting a colonoscopy when it's due?) = NO,
Then the patient is in **Precontemplation 2** (he/she has heard of colon cancer testing, but doesn't have any plans to get tested)

If
SC 1 (Before the tests were described, have you ever heard of a sigmoidoscopy?) = YES, OR
SC 2 (Before the tests were described, have you ever heard of a colonoscopy?) = YES, and
SC 3 (Have you ever had a sigmoidoscopy?) = NO, OR
SC 7 (Have you ever had a colonoscopy?) = NO, and
SC 11(Have you ever thought about getting a sigmoidoscopy?) = YES, OR
SC 12 (Have you ever thought about getting a colonoscopy?) = YES, and
SC 15 (Are you planning on getting a sigmoidoscopy when it's due?) = YES, OR
SC 16 (Are you planning on getting a colonoscopy when it's due?) = YES,
Then the patient is in **Contemplation 1** (he/she has thought about having a colon cancer test and is planning to have one)

If
SC 1 (Before the tests were described, have you ever heard of a sigmoidoscopy?) = YES, OR
SC 2 (Before the tests were described, have you ever heard of a colonoscopy?) = YES, and

SC 3 (Have you ever had a sigmoidoscopy?) = YES, OR
SC 7 (Have you ever had a colonoscopy?) = YES, and
SC 4 (Was your most recent sigmoidoscopy a year ago or less, more than 1 but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than ten years ago?) = 3, 4, 8 or 9 OR
SC 8 (Was your most recent colonoscopy a year ago or less, more than one but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than 10 years ago?) = 4, 8, or 9, and
SC 15 (Are you planning on getting a sigmoidoscopy when it's due?) = YES, OR
SC 16 (Are you planning on getting a colonoscopy when it's due?) = YES,
Then the patient is in **Contemplation 2** (he/she has had a colon cancer test in the past and is overdue for the next one)

If
SC 1 (Before the tests were described, have you ever heard of a sigmoidoscopy?) = YES, OR
SC 2 (Before the tests were described, have you ever heard of a colonoscopy?) = YES, and
SC 3 (Have you ever had a sigmoidoscopy?) = YES, OR
SC 7 (Have you ever had a colonoscopy?) = YES, and
SC 4 (Was your most recent sigmoidoscopy a year ago or less, more than 1 but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than ten years ago?) = 3, 4, 8 or 9 OR
SC 8 (Was your most recent colonoscopy a year ago or less, more than one but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than 10 years ago?) = 4, 8, or 9, and
SC 15 (Are you planning on getting a sigmoidoscopy when it's due?) = NO, OR
SC 16 (Are you planning on getting a colonoscopy when it's due?) = NO,
Then the patient is in **Relapse** (he/she has had the test in the past, is now due and not planning to have a colon cancer test in the near future)

If
SC 1 (Before the tests were described, have you ever heard of a sigmoidoscopy?) = YES, OR
SC 2 (Before the tests were described, have you ever heard of a colonoscopy?) = YES, and
SC 3 (Have you ever had a sigmoidoscopy?) = YES, OR
SC 7 (Have you ever had a colonoscopy?) = YES, and
SC 4 (Was your most recent sigmoidoscopy a year ago or less, more than 1 but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than ten years ago?) = 1 or 2, OR
SC 8 (Was your most recent colonoscopy a year ago or less, more than one but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than 10 years ago?) = 1, 2 or 3, and
SC 15 (Are you planning on getting a sigmoidoscopy when it's due?) = YES, OR
SC 16 (Are you planning on getting a colonoscopy when it's due?) = YES,

Then the patient is in **Action** (he/she has had at least one colon cancer test and plans to have the next one on schedule)

If
SC 1 (Before the tests were described, have you ever heard of a sigmoidoscopy?) = YES, OR
SC 2 (Before the tests were described, have you ever heard of a colonoscopy?) = YES, and
SC 3 (Have you ever had a sigmoidoscopy?) = YES, OR
SC 7 (Have you ever had a colonoscopy?) = YES, and
SC 4 (Was your most recent sigmoidoscopy a year ago or less, more than 1 but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than ten years ago?) = 1 or 2, OR
SC 8 (Was your most recent colonoscopy a year ago or less, more than one but not more than 5 years ago, more than 5 but not more than 10 years ago, or more than 10 years ago?) = 1, 2 or 3, and
SC 15 (Are you planning on getting a sigmoidoscopy when it's due?) = YES, OR
SC 16 (Are you planning on getting a colonoscopy when it's due?) = YES,
Then the patient is in **Maintenance** (he/she has had at least two colon cancer tests on schedule)
(note : there seems only to be a question about sigmoidoscopy maintenance not one about colonoscopy maintenance)

Scripts to Print for Telephone Counseling

The question numbers refer to the Baseline Survey. The script numbers refer to the Telephone Counseling Script.

For FOBT:

- **IF FE1 = 2 OR 8, THEN PRINT SCRIPT F1-A.**
- **IF FE1 = 1, THEN GO TO FE6.**
  - **IF FE6 = 1, THEN PRINT SCRIPT F2-A.**
  - **IF FE6 = 2 OR 8, THEN PRINT SCRIPT F1-B.**

- **IF FE2 = 2 OR 8, THEN GO TO FE7.**
  - **IF FE7 = 1, THEN PRINT SCRIPT F2-A**

- **IF FE2 = 1, THEN GO TO FE 3.**
  - **IF FE3 = 1, THEN PRINT SCRIPT F5.**
  - **IF FE3 = 2, THEN GO TO FE7.**
    - **IF FE7 = 1, THEN PRINT SCRIPT F4.**
    - **IF FE7 = 2 OR 8, THEN PRINT SCRIPT F3.**
  - **IF FE3 = 3 OR 4 OR 8, THEN GO TO FE 7.**
    - **IF FE7 = 1, THEN PRINT SCRIPT F2-B.**
- **IF FE7 = 2, THEN PRINT SCRIPT F3.**

For Sigmoidoscopy:

- **IF SC1 = 2 OR 8, THEN PRINT SCRIPT S1-A.**
- **IF SC1 = 1, THEN GO TO SC11.**
  - **IF SC11 = 1, THEN PRINT SCRIPT S2-A.**
  - **IF SC11 = 2 OR 8, THEN PRINT SCRIPT S1-B.**

- **IF SC3 = 2 OR 8, THEN GO TO SC15.**
  - **IF SC15 = 1, THEN PRINT SCRIPT S2-A**

- **IF SC3 = 1, THEN GO TO SC4.**
  - **IF SC4 = 1, THEN PRINT SCRIPT S5.**
  - **IF SC4 = 2, THEN GO TO SC15.**
    - **IF SC15 = 1, THEN PRINT SCRIPT S4.**
    - **IF SC15 = 2 OR 8, THEN PRINT SCRIPT S3.**
  - **IF SC4 = 3 OR 4 OR 8, THEN GO TO SC15.**
    - **IF SC15 = 1, THEN PRINT SCRIPT S2-B.**
- **IF SC15 = 2, THEN PRINT SCRIPT S3.**

For Colonoscopy:

IF SC2 = 2 OR 8, THEN PRINT SCRIPT C1-A.
IF SC2 = 1, THEN GO TO SC12.
    IF SC12 = 1, THEN PRINT SCRIPT C2-A.
    IF SC12 = 2 OR 8, THEN PRINT SCRIPT C1-B.

IF SC7 = 2 OR 8, THEN GO TO SC16.
    IF SC16 = 1, THEN PRINT SCRIPT C2-A

IF SC7 = 1, THEN GO TO SC8.
    IF SC8 = 1, THEN PRINT SCRIPT C5.
    IF SC8 = 2, THEN GO TO SC16.
        IF SC16 = 1, THEN PRINT SCRIPT C4.
        IF SC16 = 2 OR 8, THEN PRINT SCRIPT C3.
    IF SC8 = 3 OR 4 OR 8, THEN GO TO SC16.
        IF SC16 = 1, THEN PRINT SCRIPT C2-B.
IF SC16 = 2, THEN PRINT SCRIPT C3.

Sample Excel Database

Study_ID D	fe1heardfobt	fe2hadfobt	fe3rctfobt	fe6-thought	fe7-plan	sc1heardsig	sc2hrdcolo
	YES	NO	.	DON T KNOW / NOT SURE	YES	NO	NO
	YES	NO	.	NO	YES	YES	YES
	NO	NO	.	NO	YES	YES	YES
	YES	YES	More than 2 years but not more than 5 years ago	.	NO	NO	NO
	DON T KNOW / NOT SURE	YES	More than 1 year but not more than 2 years ago	.	NO	NO	NO
	YES	YES	More than 2 years but not more than 5 years ago	.	NO	YES	YES
	DON T KNOW / NOT SURE	YES	A year ago or less	.	DON T KNOW / NOT SURE	DON T KNOW / NOT SURE	DON T KNOW / NOT SURE
	DON T KNOW / NOT SURE	NO	.	NO	YES	NO	NO
	YES	NO	.	NO	YES	YES	YES
	NO	NO	.	NO	YES	NO	NO
	YES	YES	More than 1 year but not more than 2 years ago	.	DON T KNOW / NOT SURE	YES	YES
	YES	YES	DON'T KNOW / NOT SURE	.	DON T KNOW / NOT SURE	NO	NO
	YES	YES	More than 2 years but not more than 5 years ago	.	DON T KNOW / NOT SURE	NO	NO
	YES	YES	A year ago or less	.	YES	NO	YES
	YES	YES	More than 1 year but not more than 2 years ago	.	YES	YES	YES