

## Pre-Intervention Patient Synopsis

<b>General Health Information</b>	
Age	
General Health	
Smoking Status	
Diabetes	
Arthritis	
Hypertension	
Heart Attack	
Depression	
COPD	
<b>Other Screening</b>	
General Physical	
Dental Exam	
Blood Pressure	
Mammogram	
Pap smear	
PSA	
Digital rectal exam	
Previous colon cancer screening	
<b>Risk Perception</b>	
Compared to others	
Percent risk	
<b>RBD Score</b>	<ul style="list-style-type: none"> <li>• Perceived susceptibility=</li> <li>• Perceived severity=</li> <li>• Perceived efficacy=</li> <li>• Self-efficacy=</li> </ul>
<b>Insurance</b>	
Type of insurance	Primary: Secondary:
Qualify to receive free health care services?	
Coverage of colonoscopy?	
<b>Barriers</b>	
Barriers	1. 2. Other barriers:
<b>Family Influence</b>	
Members of my immediate family want me to have CRC screening	
Members of my immediate family encourage me to have CRC screening	
I have a family member or close friend who can take me to a colonoscopy	
<b>PCP</b>	
<b>Nearest endoscopy centers</b>	