

**Colorado Colorectal Screening Program  
Evaluation Data Collection Form**

e-CRC ID # \_\_\_\_\_

**Data from Patient:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Insurance Status: Uninsured  Yes  No

250% of Federal Poverty Level  Yes  No

Lawfully Present in Colorado-HB 1023 Affidavit on File  Yes  No

CRC Primary Care Provider Referral Form Completed and Signed  Yes  No

CRC Primary Care Provider Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Race:

African American  White  Asian  Pacific Islander  Native Hawaiian

Alaska Native  Aleutian Islander  American Indian  Other

Do not want to answer  Unknown

Ethnicity:

Non-Hispanic White  Hispanic  Other  Do not want to answer/Unknown

How did the patient hear about the program?

Clinic In Reach  Brochure  Media

Personal History of Colorectal Cancer?

Yes --> Age at diagnosis: \_\_\_\_\_

No  Unknown

Personal History of polyp(s)?

Yes --> Age at diagnosis: \_\_\_\_\_ --> Type of Polyp:  Adenomatous  Benign  Other

No  Unknown  Pt's 1<sup>st</sup> exam

Family History (1<sup>st</sup> degree relative) of Colorectal Cancer?

Yes --> Who: \_\_\_\_\_ --> Age (earliest dx) \_\_\_\_\_

No  Unknown

Family History (1<sup>st</sup> degree relative) of adenomatous polyp(s)?

Yes --> Who: \_\_\_\_\_ --> Age (earliest dx) \_\_\_\_\_

No  Unknown

**After screening procedure:**

Was transportation provided to the patient?  Yes  No

Was translation provided to the patient?  Yes  No

**Data from Endoscopy Report:**

Exam date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for exam (If symptomatic, list all):

Screening Only  Surveillance  Symptomatic --> specify: \_\_\_\_\_

Type of exam:  Colonoscopy  Sigmoidoscopy  Barium Enema

Exam results:  Negative  Positive/Biopsied

If colonoscopy - was cecum reached?  Yes  No  Unknown

Quality of Prep for Screen  Excellent/Good  Adequate/Fair  Poor  Not Reported

Endoscopist: \_\_\_\_\_ Facility: \_\_\_\_\_

**Data from Pathology Report:**

**Important - If exam is positive, report worst histology; If adenoma, obtain size of polyp from endoscopy report; if cancer call CCSP:**

Cancer  Adenoma (largest polyp  $\geq$  1 cm) --> Histology: \_\_\_\_\_

Benign/Hyperplastic  Adenoma (largest polyp < 1 cm) --> Histology: \_\_\_\_\_

Other/Unknown  No Diagnostic Abnormality

Path Provider: \_\_\_\_\_ Container Count: \_\_\_\_\_