## Colorectal Cancer Screening Promotion Maryland MCO Toolkit Feedback Form

Please use this form to provide any feedback that you may have about the content and use of the Colorectal Cancer Screening Promotion Maryland MCO Toolkit. Fax or e-mail your completed form to: (410-333-5371; <a href="michael.dark@maryland.gov">michael.dark@maryland.gov</a>). The form is also available for electronic submission at: <a href="mailto:goo.gl/jsCOHK">goo.gl/jsCOHK</a>. Thank you!

| 1. Overa | ll, ho | w satisfied are you with the content of the Colorectal Cancer Screening Promotion Toolkit? |
|----------|--------|--|
| С        | )      | Very satisfied   |
| С        | )      | Satisfied  |
| С        | )      | Dissatisfied   |
| С        | )      | Very dissatisfied  |
|          |        |  |

## 2. Please indicate the likelihood that you will use the individual components of the toolkit:

|                                   | -      | Planning |           | Will Not | Additional Comments:                |
|-----------------------------------|--------|----------|-----------|----------|-------------------------------------|
|                                   | In Use | To Use   | Undecided | Use      | (Explanations or suggested changes) |
| 1. CRC At-a-Glance for Providers  |        |          |           |          |                                     |
| and Administrators                |        |          |           |          |                                     |
| 2. CRC Screening Minimal          |        |          |           |          |                                     |
| Clinical Elements Summary         |        |          |           |          |                                     |
| 3 & 4: 80% by 2018 Fact Sheet and |        |          |           |          |                                     |
| Pledge                            |        |          |           |          |                                     |
| 5. Increasing CRC Screening       |        |          |           |          |                                     |
| Resource List                     |        |          |           |          |                                     |
| 6. Provider Relations CRC Slides  |        |          |           |          |                                     |
|                                   |        |          |           |          |                                     |
| 7. Cancer Screening Patient       |        |          |           |          |                                     |
| Questionnaire                     |        |          |           |          |                                     |
| 8. Screening Questionnaire:       |        |          |           |          |                                     |
| Provider Letter Template          |        |          |           |          |                                     |
| 9. CRC Screening Patient          |        |          |           |          |                                     |
| Reminder Letter Template          |        |          |           |          |                                     |
| 10. Local CRC Screening and PN    |        |          |           |          |                                     |
| Resource List                     |        |          |           |          |                                     |
| 11. CRC Articles for Newsletters  |        |          |           |          |                                     |
|                                   |        |          |           |          |                                     |
| 12. CRC Screening Messaging for   |        |          |           |          |                                     |
| Targeted Populations              |        |          |           |          |                                     |
| 13. GWCI CRC Social Media         |        |          |           |          |                                     |
| Messages                          |        |          |           |          |                                     |

| impler | mentatio                              | •  | provider offices wi | <b>te following statement:</b> Following review and all make changes in their clinical practice or protocols |
|--------|---------------------------------------|--|---------------------|--|
|        | 0                                     | Strongly agree   |                     |  |
|        | 0                                     | Agree  |                     |  |
|        | 0                                     | Disagree   |                     |  |
|        | 0                                     | Strongly disagree  |                     |  |
|        | ase list t<br>onents:                 | 0  | ndividuals with w   | ho you have shared any of the Toolkit  |
|        |                                       | Entity   | Number<br>Reached   | Comments:  |
|        |                                       | ler Offices  |                     |  |
|        |                                       | ncare Providers  |                     |  |
|        |                                       | Support Staff  |                     |  |
|        |                                       | al Colleagues  |                     |  |
|        | Other                                 | (please add comments)  |                     |  |
| 6      | 0                                     | Yes  | <u> </u>            | ,  |
|        | 0                                     | No   |                     |  |
|        |                                       | re any additional commer<br>I have noted help increase   |                     | regarding the Toolkit, including any best<br>screening rates:  |
| -      | Contact Contact Organi Positio Teleph | Ild like further contact for information: ct Person: ization Name: on/Title: none Number: l Address: | additional infort   | nation or technical assistance, please provide   |
| 1      | -                                     | • , ,  | •                   | al Cancer Control Program. For technical assistance and please call us at 1-800-477-9774.                    |

Screen Maryland Colorectal Cancer Control Program

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