

Kentucky Colon Cancer Screening Program Colonoscopy Results Data Collection Form

Patient Name: _____
(Last) (First) (MI)

Date of Birth: ____/____/____ Month/Day/Year	Social Security Number ____-____-____	County of Residence: _____	Screening Site: _____
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Colonoscopy Provider Name: _____ Office #: _____

Address: _____

Specialty: _____ Date of Procedure: ____/____/____

Lab Name: _____ Date Colonoscopy Results from Lab: ____/____/____

Date Results Received by Pt Nav: ____/____/____ Procedure Paid By: KCCSP Donation Local Tax Other

<ol style="list-style-type: none"> 1. Was procedure completed? <input type="checkbox"/> Yes <input type="checkbox"/> No 1b) Referred for alternate procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No 1c) What alternate procedure? _____ 2. Bowel prep quality? <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor 3. Was cecum reached and entered? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Was biopsy/polypectomy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Result of colonoscopy: <input type="checkbox"/> Normal/negative/diverticulosis/hemorrhoids <input type="checkbox"/> Other finding not suggestive of cancer or polyps <input type="checkbox"/> Polyp(s) or lesion(s) suspicious for cancer <input type="checkbox"/> Inadequate/incomplete test with no findings <input type="checkbox"/> Unknown 6. Total number of polyps/lesions: <input type="checkbox"/> 0 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11 or more <input type="checkbox"/> NA 7. Size of largest polyp: <input type="checkbox"/> <1cm <input type="checkbox"/> ≥1cm <input type="checkbox"/> NA 8. Histology of most severe polyp/lesion: <input type="checkbox"/> No histology needed (0 POLYPS OR LESIONS) <input type="checkbox"/> Normal or non/polyp histology <input type="checkbox"/> Non-adenomatous polyp <input type="checkbox"/> Hyperplastic polyp <input type="checkbox"/> Adenoma with no high grade dysplasia <input type="checkbox"/> Adenoma-high grade dysplasia and/or in situ carcinoma <input type="checkbox"/> Adenocarcinoma, invasive <input type="checkbox"/> Other cancer <input type="checkbox"/> Unknown <input type="checkbox"/> NA 	<ol style="list-style-type: none"> 9. Complications of endoscopy: <input type="checkbox"/> None <input type="checkbox"/> Bleeding – no transfusion needed <input type="checkbox"/> Bleeding – transfusion needed <input type="checkbox"/> Cardiopulmonary event <input type="checkbox"/> Anesthesia related complication <input type="checkbox"/> Bowel perforation <input type="checkbox"/> Post-polypectomy syndrome/excessive abdominal pain <input type="checkbox"/> Death <input type="checkbox"/> Other _____ 10. Was surgery done to complete diagnosis? <input type="checkbox"/> No <input type="checkbox"/> Yes Date ____/____/____ 11. Final diagnosis: <input type="checkbox"/> Negative <input type="checkbox"/> Hyperplastic polyps <input type="checkbox"/> Adenomatous polyp no high grade dysplasia <input type="checkbox"/> Adenomatous polyp with high grade dysplasia <input type="checkbox"/> Cancer <input type="checkbox"/> Final diagnosis pending other procedure 12. Referred for Cancer treatment? <input type="checkbox"/> Not applicable/not needed <input type="checkbox"/> Started and/or completed <input type="checkbox"/> Not needed due to polypectomy <input type="checkbox"/> Treatment not recommended <input type="checkbox"/> Treatment refused <input type="checkbox"/> Lost to follow-up 13. Where referred for treatment? _____ 14. Recommended test for next cycle: <input type="checkbox"/> FIT <input type="checkbox"/> Colonoscopy <input type="checkbox"/> Other _____ 15. # of months till next screening cycle? _____ <p>Additional comments: _____</p>
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