

APPENDIX

Exact wording of survey items that are presented in this paper

How useful do you think the following screening examinations are?

Please cross one box per line (per investigation).

	Not useful	Of little use	Fairly useful	Useful
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSA test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital-rectal examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Who do you see as responsible for recommending the following screening examinations?

Please cross one box per line.

	GP	Specialist
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>
FOBT	<input type="checkbox"/>	<input type="checkbox"/>
Skin cancer screening	<input type="checkbox"/>	<input type="checkbox"/>
PSA test	<input type="checkbox"/>	<input type="checkbox"/>
Digital-rectal examination	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>
Breast palpation	<input type="checkbox"/>	<input type="checkbox"/>
Pap test	<input type="checkbox"/>	<input type="checkbox"/>

Who do you see as responsible for conducting the following screening examinations?

Please cross one box per line.

	GP	Specialist
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>
FOBT	<input type="checkbox"/>	<input type="checkbox"/>
Skin cancer screening	<input type="checkbox"/>	<input type="checkbox"/>
PSA test	<input type="checkbox"/>	<input type="checkbox"/>
Digital-rectal examination	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>
Breast palpation	<input type="checkbox"/>	<input type="checkbox"/>
Pap test	<input type="checkbox"/>	<input type="checkbox"/>

To what extent do you follow legal recommendations on screening examinations in your practice?

Please cross one box per line (per investigation).

	Making the recommendation is part of routine practice procedure.	I/ my staff irregularly make the recommendations to practice patients.	I/ my staff never make the recommendations to practice patients or only in special cases.
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital-rectal examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What further recommendations do you make as part of routine practice procedure?

Please cross one box per line.

	yes	no
PSA test	<input type="checkbox"/>	<input type="checkbox"/>

How often do you conduct the following screening examinations in your practice yourself?

Please cross one box per line (per investigation).

	never	irregularly	regularly
Colonoscopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOBT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin cancer screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSA test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Digital-rectal examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast palpation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>