

Please ask every patient on the list the following four questions:




Question 1: A **first-degree relative** of mine (parents, siblings, children) developed bowel cancer.




Question 2: A **first-degree relative** of mine (parents, siblings, children) who developed bowel cancer was **under 50 years of age**.

Question 3 A **bowel polyp** (adenoma) was discovered in a **first-degree relative** of mine (parents, siblings, children) before his or her 50th birthday.

Question 4 **Three or more relatives** of mine developed bowel cancer, stomach cancer, uterine cancer, ovarian cancer, ureteral cancer or cancer of the renal pelvis.

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Patient-ID			Were you able to ask the patient the four questions about hereditary risk? <input type="checkbox"/> Yes, in the practice <input type="checkbox"/> Yes, on the phone <input type="checkbox"/> No, no interest <input type="checkbox"/> Knows about hereditary risk (please ask questions and invite patient anyway) <input type="checkbox"/> No, couldn't reach patient after 3 attempts <input type="checkbox"/> No, because _____		The answers to the 4 questions: Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes → → → Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes → → → Question 3: <input type="checkbox"/> No <input type="checkbox"/> Yes → → → Question 4: <input type="checkbox"/> No <input type="checkbox"/> Yes → → →		Arranged consultation? <input type="checkbox"/> Yes, forwarded patient directly to doctor <input type="checkbox"/> Yes, arranged consultation <input type="checkbox"/> Patient desires further contact <input type="checkbox"/> No, because: _____		
Patient's date of birth:								Did the consultation with the doctor take place? <input type="checkbox"/> Yes <input type="checkbox"/> No, because _____	
Gender:	Date:								
<input type="checkbox"/> female	_____ . _____ . _____								
<input type="checkbox"/> male	_____ . _____ . _____								

Patient-ID			Were you able to ask the patient the four questions about hereditary risk? <input type="checkbox"/> Yes, in the practice <input type="checkbox"/> Yes, on the phone <input type="checkbox"/> No, no interest <input type="checkbox"/> Knows about hereditary risk (please ask questions and invite patient anyway) <input type="checkbox"/> No, couldn't reach patient after 3 attempts <input type="checkbox"/> No, because _____		The answers to the 4 questions: Question 1: <input type="checkbox"/> No <input type="checkbox"/> Yes → → → Question 2: <input type="checkbox"/> No <input type="checkbox"/> Yes → → → Question 3: <input type="checkbox"/> No <input type="checkbox"/> Yes → → → Question 4: <input type="checkbox"/> No <input type="checkbox"/> Yes → → →		Arranged consultation? <input type="checkbox"/> Yes, forwarded patient directly to doctor <input type="checkbox"/> Yes, arranged consultation <input type="checkbox"/> Patient desires further contact <input type="checkbox"/> No, because: _____		
Patient's date of birth:								Did the consultation with the doctor take place? <input type="checkbox"/> Yes <input type="checkbox"/> No, because _____	
Gender:	Date:								
<input type="checkbox"/> female	_____ . _____ . _____								
<input type="checkbox"/> male	_____ . _____ . _____								

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Design: Spiral binding,

Size: Four entries (Participants) per site, overall 250 entries, around 70 pages