**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; michael.dark@maryland.gov). The form is also available for electronic submission at: [goo.gl/jsCOHK](http://goo.gl/jsCOHK). Thank you!

**1. Overall, how satisfied are you with the content of the Colorectal Cancer Screening Promotion Toolkit?**

**○** Very satisfied

**○** Satisfied

**○** Dissatisfied

**○** Very dissatisfied

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **In Use** | **Planning To Use** | **Undecided** |  **Will Not Use** | **Additional Comments:****(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 |  |  |  |  |  |

**3. Please tell us how much you agree or disagree with the following statement:** Following review and implementation of Toolkit components, provider offices will make changes in their clinical practice or protocols in order to increase colorectal cancer screening rates.

**○** Strongly agree

 **○** Agree

 **○** Disagree

 **○** Strongly disagree

**4. Please list the organization and/or individuals with who you have shared any of the Toolkit components:**

|  |  |  |
| --- | --- | --- |
| **Entity** | **Number Reached** | **Comments:** |
| Provider Offices |  |  |
| Healthcare Providers |  |  |
| Office Support Staff |  |  |
| Internal Colleagues |  |  |
| Other (please add comments) |  |  |

**5. Are you or others in your organization interested in additional information or technical assistance regarding strategies to increase cancer screening rates among your patients?**

**○** Yes

**○** No

**6. Please share any additional comments or suggestions regarding the Toolkit, including any best practices you have noted help increase colorectal cancer screening rates:**

**7. If you would like further contact for additional information or technical assistance, please provide your contact information:**

Contact Person:

Organization Name:

Position/Title:

Telephone Number:

E-mail Address:

*This information is brought to you by the Maryland Colorectal Cancer Control Program. For technical assistance and resources regarding colorectal cancer screening promotion, please call us at 1-800-477-9774.*

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