

Cancer Risk Assessment Specialist Protocol Quality Control Checklist

Date of session(s): _____ **Participant ID:** _____ **Genetic counselor:** _____ **Session(s) length:** _____
Patient Age: _____ **Gender:** _____ **Participant's location:** _____ **Reviewer initials:** _____ **Date of review:** _____

	Task	Completed	Partially completed	Omitted	N/A	Out of order	Comments
1.	Greeting & Introduction						
A.	Checked if the visual aids are available for the session						
B.	Asked for permission to record the session						
C.	Discussed purpose of the session						
D.	Rapport building						
2.	Reviewed family and medical history						
A.	Verified medical and family history						
B.	Referred to the visual aid page 1						
C.	Asked about experience of colorectal cancer within family						
D.	Asked whether other FDRs have had CRC screening						
3.	Perceived susceptibility						
A.	Referred to visual aid page 2 and discussed increased risk based on family history.						
B.	Assessed response to this information						
4.	Perceived severity						
A.	Referred to visual aid page 3 and discussed severity perception						
B.	Provided statistic that 50,000 people/yr died with CRC						
C.	Discussed survival rate according to stage of diagnosis and referred to the table on page 3						
5.	Response efficacy						
A.	Discussed effectiveness of colonoscopy						
B.	Provided the information about colonoscopy recommendation (ACS & HCI recommend CS, should begin at early age (if applicable), and screen every 3-5 yr)						
6.	Self-efficacy and plan to get screened						
A.	Used importance ruler and discussed reasons to get screened						
B.	Used confidence ruler and discussed about confidence to get screened						
C.	Discussed two most important barriers to screening						
D.	Referred to visual aid page 4 and constructed an action plan focusing on first step to have colonoscopy and details of implementation						
E.	Discussed FOBT if cost is a barrier						
7.	Closing						
A.	Summarized participant's thoughts and plan						
B.	Asked if participant has questions						
C.	Informed participant that they will be sent a letter, and with permission we will also send a copy to their physician						
	RBDS plan adherence score						
Did participant mention healthy diet, exercise, or other lifestyle factors as measures taken to prevent CRC? Yes No							

Other comments: