

*Colonoscopy Data Collection Form*

**\*= Required Data Field**

**CR = Conditionally Required**

**Patient Sociodemographic Information**

<b>Patient Identifier*:</b>		Medicare Beneficiary Identifier:	
<b>Patient Type*:</b>	<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		
<b>Patient Zip Code*:</b>	<input type="text"/>	<b>Patient Birth Date*:</b>	<input type="text"/>
<b>Patient Sex at Birth *:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Patient Height: (inches)	<input type="text"/>	Patient Weight: (pounds)	<input type="text"/>
<b>Patient Race*:</b>	<input type="checkbox"/> American Indian (Native American) or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Patient declined to provide <input type="checkbox"/> Unknown <input type="checkbox"/> Other		
<b>Patient Ethnicity*:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Patient declined to provide <input type="checkbox"/> Unknown		
Patient Insurance Type:	<input type="checkbox"/> Aetna <input type="checkbox"/> Blue Cross/Blue Shield <input type="checkbox"/> Cigna <input type="checkbox"/> Humana <input type="checkbox"/> United Healthcare <input type="checkbox"/> Wellpoint <input type="checkbox"/> Medicare Advantage		

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- Medicare Fee for Service
- Medicaid
- Tricare
- None
- Other (list specific name of plan if not listed above): \_\_\_\_\_

**Endoscopy Suite Information**

<b>Endoscopy Facility ID*:</b>	<input type="text"/>	<b>Endo Suite Type*:</b>	<input type="checkbox"/> Hospital <input type="checkbox"/> ASC/AEC <input type="checkbox"/> Physician Office
<b>Physician ID (NPI)*:</b>	<input type="text"/>	Endo Suite Teaching Status:	<input type="checkbox"/> Teaching Facility <input type="checkbox"/> Non-Teaching Facility
Physician Tax ID Number (TIN):	<input type="text"/>		
Fellow Physician ID (NPI):	<input type="text"/>	Did the Fellow Physician perform the procedure in its entirety? <sup>CR</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Fellowship <sup>CR</sup> :	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4	Physician Specialty:	<input type="checkbox"/> GI <input type="checkbox"/> IM <input type="checkbox"/> FP <input type="checkbox"/> Surgeon <input type="checkbox"/> Other

**General Quality Indicators**

<b>Procedure Date*:</b>	<input type="text"/>
<b>Endoscopy Procedure*:</b>	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> ERCP <input type="checkbox"/> EGD <input type="checkbox"/> EUS
<b>Current History &amp; Physical Documented in Medical Record?*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Is the patient on anti-platelet or anticoagulation therapy, other than the use of aspirin / NSAIDs?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Informed Consent Documented in Medical Record?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
ASA Category*:	<input type="checkbox"/> ASA I <input type="checkbox"/> ASA II <input type="checkbox"/> ASA III <input type="checkbox"/> ASA IV <input type="checkbox"/> ASA V <input type="checkbox"/> ASA-E
Sedation type:	<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Deep <input type="checkbox"/> General
Sedation administered by <sup>CR</sup> :	<input type="checkbox"/> Nurse <input type="checkbox"/> Endoscopist <input type="checkbox"/> Anesthesia professional
Endoscope used:	Brand: <input type="checkbox"/> Fujinon <input type="checkbox"/> Olympus <input type="checkbox"/> Pentax <input type="checkbox"/> Other: _____

**Discharge Instructions**

*Note: If the procedure is for an inpatient, please fill out only the questions on Diet Instructions and Medication Resumption. If the procedure is for an outpatient, please fill out all the instruction questions below.*

Written <u>Discharge Instructions</u> provided to patient before discharge?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diet Instructions <sup>CR</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication Resumption / Orders Given <sup>CR</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Return to Activities <sup>CR</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential Delayed Complications <sup>CR</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Emergency Contact Number <sup>CR</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Anticoagulation / Anti-platelet Therapy</b>	
Anticoagulation / Anti-platelet Therapy: Patient given instructions relative to resumption of therapy (not including aspirin / NSAID therapy)*	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

**Colonoscopy Procedure Quality Indicators**

Colonoscopy Type*:	<input type="checkbox"/> Colon Cancer Screening <input type="checkbox"/> Surveillance <input type="checkbox"/> Diagnostic
	If Screening or Surveillance, Date of previous colonoscopy (if known): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px;">m</div> <div style="border: 1px solid black; padding: 2px;">m</div> <div style="border: 1px solid black; padding: 2px;">d</div> <div style="border: 1px solid black; padding: 2px;">d</div> <div style="border: 1px solid black; padding: 2px;">y</div> <div style="border: 1px solid black; padding: 2px;">y</div> <div style="border: 1px solid black; padding: 2px;">y</div> <div style="border: 1px solid black; padding: 2px;">y</div> </div>
Bowel Prep Dose:	<input type="checkbox"/> Single <input type="checkbox"/> Split

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**Bowel Prep Quality\*:**

*(Bowel Prep is adequate if sufficient to accurately detect polyps >5 mm in size; Inadequate if it is NOT sufficient to accurately detect polyps >5 mm)*

Adequate     Inadequate

**Colonoscopy Indication\* - Select at least one (1) reason for performing the colonoscopy**

- |                          |                                                                                                                                                                                     |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Evaluation of unexplained GI bleeding <i>(Select 1 or more bleeding indications below)</i>                                                                                          |
| <input type="checkbox"/> | Hematochezia                                                                                                                                                                        |
| <input type="checkbox"/> | Melena after an upper GI source has been excluded                                                                                                                                   |
| <input type="checkbox"/> | Presence of fecal occult blood                                                                                                                                                      |
| <input type="checkbox"/> | Unexplained iron deficiency anemia                                                                                                                                                  |
| <input type="checkbox"/> | Screening for colonic neoplasia                                                                                                                                                     |
| <input type="checkbox"/> | Surveillance due to prior colonic neoplasia                                                                                                                                         |
| <input type="checkbox"/> | Surveillance due to inflammatory bowel disease                                                                                                                                      |
| <input type="checkbox"/> | Inflammatory bowel disease of the intestine if more precise diagnosis or determination of the extent / severity of activity of disease will influence immediate / future management |
| <input type="checkbox"/> | Clinically significant diarrhea of unexplained origin                                                                                                                               |
| <input type="checkbox"/> | Evaluation of abnormal imaging study that is likely to be clinically significant, such as filling defect or stricture                                                               |
| <input type="checkbox"/> | Intraoperative identification of a lesion not apparent/found at surgery (e.g. polypectomy site or bleeding source)                                                                  |
| <input type="checkbox"/> | Treatment of bleeding from such lesions as vascular malformation, ulceration, neoplasia, & polypectomy site                                                                         |
| <input type="checkbox"/> | Foreign body removal                                                                                                                                                                |
| <input type="checkbox"/> | Excision of colonic polyp                                                                                                                                                           |
| <input type="checkbox"/> | Decompression of an acute nontoxic megacolon or sigmoid volvulus                                                                                                                    |
| <input type="checkbox"/> | Balloon dilation of stenotic lesions                                                                                                                                                |
| <input type="checkbox"/> | Palliative treatment of stenosing or bleeding neoplasms                                                                                                                             |
| <input type="checkbox"/> | Marking a neoplasm for localization                                                                                                                                                 |

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<input type="checkbox"/>	Positive Combined FIT-DNA test (e.g. Cologuard)
<input type="checkbox"/>	Positive Septin-9 test
<input type="checkbox"/>	Other , specify: _____

**Cecal Landmarks – Documentation provided in medical record**

<b>Ileocecal Valve Photographed*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Appendiceal Orifice Photographed*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Terminal Ileum Photographed*</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Colorectal Neoplasm Risk Assessment**

<b>Colorectal Neoplasm Risk Assessment for this procedure*:</b>	<input type="checkbox"/> Average Risk <input type="checkbox"/> High Risk <input type="checkbox"/> N/A
-----------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------

If High Risk, select all that apply<sup>CR</sup>:

	Colon or Rectal Adenocarcinoma, specify (c): <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (first-degree relative (FDR) < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both
	History of Colon Adenoma, specify (c): <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age with advanced adenoma(s)) <input type="checkbox"/> Both
	High Risk Genetic Family Cancer Syndrome (e.g. Familial Adenomatous Polyposis Syndrome, HNPCC/Lynch Syndrome,) (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History <input type="checkbox"/> Both
<input type="checkbox"/>	Advanced Neoplasm (≥ 10 mm, high grade dysplasia, villous component) (c)
<input type="checkbox"/>	3 or More Adenomas (c)
<input type="checkbox"/>	Non Advanced Neoplasm (< 3 adenomas, < 10 mm, no villous component) (c)
	Sessile serrated polyp(s) < 10 mm with no dysplasia (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both

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	Sessile serrated polyp $\geq$ 10 mm OR sessile serrated polyp with dysplasia OR traditional serrated adenoma (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both
	Serrated polyposis syndrome* (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (FDR < 60 years old or 2 FDR at any age) <input type="checkbox"/> Both  *Based on the World Health Organization definition of serrated polyposis syndrome, with one of the following criteria: (1) at least 5 serrated polyps proximal to sigmoid, with 2 or more $\geq$ 10 mm; (2) any serrated polyps proximal to sigmoid with family history of serrated polyposis syndrome; and (3) > 20 serrated polyps of any size throughout the colon.
<input type="checkbox"/>	Inflammatory Bowel Disease (If selected, choose 1 or more of the following):
<input type="checkbox"/>	$\geq$ 8 years UC-associated pancolitis
<input type="checkbox"/>	$\geq$ 8 years left-sided UC-associated colitis
<input type="checkbox"/>	$\geq$ 8 years Crohn's colitis with at least 1/3 of colon involved
<input type="checkbox"/>	$\geq$ 8 years IBDU (unclassified) with at least 1/3 of colon involved
<input type="checkbox"/>	Primary sclerosing cholangitis
<input type="checkbox"/>	IBD with known dysplasia (If selected, choose 1 or more of the following):
<input type="checkbox"/>	Visible dysplastic lesion removed completely
<input type="checkbox"/>	Visible dysplastic lesion, not removed completely
<input type="checkbox"/>	Invisible dysplastic lesion found on random biopsy
<b>Polyps</b>	
<b>Number of Polyps Removed During Colonoscopy Procedure*:</b>	<input style="width: 100%; height: 20px;" type="text"/>
<b>Number Polyps Partially Removed During Colonoscopy Procedure*:</b>	<input style="width: 100%; height: 20px;" type="text"/>

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<b>Number Polyps Retrieved During Colonoscopy Procedure*:</b>	<input type="text"/>
Polyp Morphology Described <sup>CR</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Polyp Size Described <sup>CR</sup> :	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Were any polyps removed via piecemeal fashion? <sup>CR</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were any polyps removed from the right colon? <sup>CR</sup>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was chromoendoscopy used? <sup>CR</sup>	<input type="checkbox"/> No <input type="checkbox"/> Yes – Spray <input type="checkbox"/> Yes – Irrigation
If Yes, which type <sup>CR</sup> ? <input type="checkbox"/> Indigo Carmine / FD&C Blue #2 <input type="checkbox"/> Methylene Blue <input type="checkbox"/> Other	
Biopsy Protocol <sup>CR</sup>	<input type="checkbox"/> Targeted only <input type="checkbox"/> Random only <input type="checkbox"/> Both targeted and random <input type="checkbox"/> Contraindicated <input type="checkbox"/> Not Performed

**Procedure Duration**  
Specify the number of minutes required to complete the following: (i.e.: 7.4 min)  
**Please note:** Dummy Codes should be used when cecum is not reached: 5555.0 - No Cecum, 6666.0 – Stricture/Mass, 7777.0 - Did not reach Cecum, 8888.0 - Time not documented, 9999.0 – Hemicolectomy)

<b>Time between insertion and reaching the cecum (in minutes)*:</b>	<input type="text"/>
<b>Withdrawal time from cecum to anus (in minutes)*:</b>	<input type="text"/>

**Pathology**

<b>Pathology Tissue Obtained*?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list device(s) used <sup>CR</sup> :	<input type="checkbox"/> Biopsy forceps - cold <input type="checkbox"/> Snare – endoscopic mucosal resection <input type="checkbox"/> Snare – endoscopic submucosal dissection

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		<input type="checkbox"/> Hot snare polypectomy <input type="checkbox"/> Cold snare polypectomy <input type="checkbox"/> Injection <input type="checkbox"/> Other	
		If Yes, Select All Polyps That Apply	
<input type="checkbox"/>	Adenomatous Polyp(s): (select all that apply)		
		If Adenomatous Polyp(s) - Select All That Apply	
<input type="checkbox"/>	1 or 2 Tubular Adenomas < 10 mm		
<input type="checkbox"/>	3 to 10 Adenomas		
<input type="checkbox"/>	More than 10 Adenomas		
<input type="checkbox"/>	Advanced Neoplasm (≥ 10 mm OR high grade dysplasia OR villous component)		
<input type="checkbox"/>	Adenocarcinoma		
<input type="checkbox"/>	Serrated Lesions (select all that apply)		
<input type="checkbox"/>	Sessile serrated polyp(s) < 10 mm with no dysplasia		
<input type="checkbox"/>	Sessile serrated polyp ≥ 10 mm OR sessile serrated polyp with dysplasia OR traditional serrated adenoma		
<input type="checkbox"/>	Hyperplastic Polyp(s)		
<input type="checkbox"/>	Other, specify: _____		
<b>Follow-up Interval – Select follow-up interval for <u>next</u> Colonoscopy*</b>			
<input type="checkbox"/> None	<input type="checkbox"/> 9 Months	<input type="checkbox"/> 4 Years	<input type="checkbox"/> 8 Years
<input type="checkbox"/> < 3 Months	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 5 Years	<input type="checkbox"/> 9 Years
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 6 Years	<input type="checkbox"/> 10 Years
<input type="checkbox"/> 6 Months	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 7 Years	<input type="checkbox"/> Other: _____
Follow-up Interval for Next Colonoscopy Changed Due to Inadequate Bowel Preparation?			<input type="checkbox"/>
<b>Adverse Events*</b>			
<b>Please specify immediate adverse event(s) occurring the same day, before the patient leaves the endoscopy facility</b>			
<input type="checkbox"/>	No Adverse Events		
<input type="checkbox"/>	Bowel Perforation		
<input type="checkbox"/>	Bleeding (Unplanned Intervention or Hospital Admission)		



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<input type="checkbox"/>	Emergency Dept visit related to colonoscopy procedure
<input type="checkbox"/>	Hospital Admission related to colonoscopy procedure
<input type="checkbox"/>	Sedation Related (Unplanned Intervention)
<input type="checkbox"/>	Death
<input type="checkbox"/>	Other, specify: _____

**Unit Quality Indicators**

**Procedure End Time to Room Ready**

*Note: include all procedures done in a dedicated endoscopy procedure room. Examples of excluded procedures are: non-endoscopy OR, ED, patient rooms, ICU, radiology.*

<p>Procedure End Time (24-hour clock):</p> <p><i>When all therapeutic and diagnostic interventions are completed (in many, but not all cases, this is when the endoscope is removed from the patient)</i></p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		
<p>Wheels Out Time (24-hour clock):</p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		
<p>Room Ready Time (24-hour clock):</p> <p><i>Room is cleaned and ready to accept another patient</i></p>	<table border="1"> <tr> <td>m</td><td>m</td><td>d</td><td>d</td><td>y</td><td>y</td><td>y</td><td>y</td><td>H</td><td>H</td><td>M</td><td>M</td> </tr> </table>	m	m	d	d	y	y	y	y	H	H	M	M
m	m	d	d	y	y	y	y	H	H	M	M		