



Colonoscopy Data Collection Form

Patient Sociodemographic Information

Patient Identifier:

Patient Type:
 Inpatient
 Outpatient

Patient Zip Code:

Patient Birth Date:

Patient Gender:
 Male
 Female

Patient Height: (inches)

Patient Weight: (pounds)

Patient Race:
 American Indian (Native American) or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Patient declined to provide
 Unknown
 Other

Patient Ethnicity
 Hispanic or Latino
 Not Hispanic or Latino
 Patient declined to provide
 Unknown

Patient Insurance Type:
 Aetna
 Blue Cross/Blue Shield
 Cigna
 Humana
 United Healthcare
 Wellpoint
 Medicare Advantage
 Medicare Fee for Service
 Medicaid
 Tricare
 None
 Other (list specific name of plan if not listed above): _____



Colonoscopy Data Collection Form

Endoscopy Suite Information

Endoscopy Facility ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Endo Suite Type: <input type="checkbox"/> Hospital <input type="checkbox"/> ASC/AEC <input type="checkbox"/> Physician Office	
Physician ID (NPI):	<input type="text"/>	Endo Suite Teaching Status:	<input type="checkbox"/> Teaching Facility <input type="checkbox"/> Non-Teaching Facility
Fellow Physician ID (NPI):	<input type="text"/>	Did the Fellow Physician perform the procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Fellowship	<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

Procedure Date:	<input type="text"/> m <input type="text"/> m <input type="text"/> d <input type="text"/> d <input type="text"/> y <input type="text"/> y <input type="text"/> y <input type="text"/> y
Endoscopy Procedure:	<input type="checkbox"/> Colonoscopy <input type="checkbox"/> ERCP <input type="checkbox"/> EGD <input type="checkbox"/> EUS
Current History & Physical Documented on Chart?	<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 (propofol) <input type="checkbox"/> General
Sedation administered by:	<input type="checkbox"/> Nurse <input type="checkbox"/> Endoscopist <input type="checkbox"/> Anesthesia professional

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:	<input type="checkbox"/> Yes <input type="checkbox"/> No



Colonoscopy Data Collection Form

Medication Resumption / Orders Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Return to Activities:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Potential Delayed Complications:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medical Emergency Contact Number:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticoagulation / Anti-platelet Therapy	
Anticoagulation / Anti-platelet Therapy: Patient given instructions relative to resumption of 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, Year of <i>previous colonoscopy</i> : <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	y	y	y
y	y	y	y	
Bowel Prep Quality: <i>(Bowel Prep is adequate if sufficient to accurately detect polyps \geq 6 mm in size; Inadequate if it is NOT sufficient to accurately detect polyps \geq 6 mm)</i>	<input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate			

Colonoscopy Indication – Select at least one (1) reason for performing the colonoscopy

<input type="checkbox"/>	Evaluation of unexplained GI bleeding
<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"/>	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 barium enema or other imaging study of an abnormality 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)



Colonoscopy Data Collection Form

<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
<input type="checkbox"/>	Other , specify: _____
Cecal Landmarks – Documentation provided in medical record	
Ileocecal Valve Photographed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appendiceal Orifice Photographed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Terminal Ileum Photographed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Colorectal Neoplasm Risk Assessment	
Colorectal Neoplasm Risk Assessment for this procedure:	<input type="checkbox"/> Average Risk <input type="checkbox"/> High Risk <input type="checkbox"/> N/A
If High Risk, select all that apply:	
	Colon or Rectal Adenocarcinoma, specify(c): <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (1 st degree relative < 60 years old) <input type="checkbox"/> Both
	History of Colon Adenoma, specify (c): <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (1 st degree relative < 60 years old 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 (\geq 10 mm, high grade dysplasia, villous component) (c)



Colonoscopy Data Collection Form

<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 (1 st degree relative < 60 years old) <input type="checkbox"/> Both
	Sessile serrated polyp ≥ 10 mm OR sessile serrated polyp with dysplasia OR traditional serrated adenoma (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (1 st degree relative < 60 years old) <input type="checkbox"/> Both
	Serrated polyposis syndrome* (c) <input type="checkbox"/> Personal History <input type="checkbox"/> Family History (1 st degree relative < 60 years old) <input type="checkbox"/> Both <small>*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 ≥ 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.</small>
<input type="checkbox"/>	Inflammatory Bowel Disease (≥ 8 years pancolitis or ≥ 15 years left sided colitis) (c)
<input type="checkbox"/>	Inflammatory Bowel Disease with Known Dysplasia
Polyps	
Number of Polyps Removed During Colonoscopy Procedure:	<input style="width: 100%;" type="text"/>
Number Polyps Partially Removed During Colonoscopy Procedure:	<input style="width: 100%;" type="text"/>
Number Polyps Retrieved During Colonoscopy Procedure:	<input style="width: 100%;" type="text"/>
Polyp Morphology Described:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Polyp Size Described:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



Colonoscopy Data Collection Form

Procedure Duration

Specify the number of **minutes** required to complete the following: (ie: 7.4 min)

Please note: Dummy Codes should be used when cecum is not reached: 5555.0 - No Cecum, 7777.0- Did not reach Cecum, 8888.0 -Time not documented, 9999.0 – Hemicolectomy)

Time between insertion and reaching the cecum (in minutes):

Withdrawal time from Cecum to anus (in minutes):

Pathology

Pathology Tissue Obtained?

Yes No

If Yes, Select All Polyps That Apply

Adenomatous Polyp(s): (select all that apply)

If Adenomatous Polyp(s) - Select All That Apply

1 or 2 Tubular Adenomas < 10 mm

3 or More Adenomas

Advanced Neoplasm (≥ 10 mm, high grade dysplasia, villous component)

Adenocarcinoma

Serrated Lesions (select all that apply)

Sessile serrated polyp(s) < 10 mm with no dysplasia

Sessile serrated polyp ≥ 10 mm OR sessile serrated polyp with dysplasia OR traditional serrated adenoma

Hyperplastic Polyp(s)

Other, specify: _____

Follow-up Interval – Select follow-up interval for next Colonoscopy

- | | | |
|-------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 1 Year | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> < 3 Months | <input type="checkbox"/> 2 Years | |
| <input type="checkbox"/> 3 Months | <input type="checkbox"/> 3 Years | |
| <input type="checkbox"/> 6 Months | <input type="checkbox"/> 5 Years | |
| <input type="checkbox"/> 9 Months | <input type="checkbox"/> 10 Years | |

Follow-up Interval for Next Colonoscopy Changed Due to Bowel Preparation?



Colonoscopy Data Collection Form

Adverse Events

Please specify immediate adverse events(s) occurring the same day, before the patient leaves the endoscopy facility

<input type="checkbox"/>	No Adverse Events
<input type="checkbox"/>	Bowel Perforation
<input type="checkbox"/>	Bleeding (Unplanned Intervention or Hospital Admission)
<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: _____