

Online Supplementary Material

Volk RJ, Linder S, Kallen M, Galliher JM, Spano M, Mullen P, Spann SJ. Primary care physicians' use of an informed decision-making process for prostate cancer screening. *Ann Fam Med*. 2013;11(1):67-74.

<http://www.annfammed.org/content/full/11/1/67>

Supplemental Appendix 1. Physician Survey on Prostate Cancer Screening

**Physician Survey on Prostate Cancer Screening**

First, please tell us about your screening practices for prostate cancer.

1. Which approach best describes your practice regarding prostate cancer screening with age-appropriate men who have no other risk factors and are otherwise candidates for screening?

(Check **ONE**)

- I generally order the PSA test without discussing the possible harms and benefits with the patient.
- I generally discuss the possible harms and benefits of screening with the patient, and then recommend the test.
- I generally discuss the possible harms and benefits of screening with the patient, and then let him decide whether or not to have the test.
- I generally discuss the possible harms and benefits of screening with the patient, and then recommend against the test.
- I generally do not order the PSA test nor discuss the possible harms and benefits with the patient.
- Other (please state here): \_\_\_\_\_

2. We would like to know your views on prostate cancer screening. Some of these statements are about prostate cancer screening in general, while others ask specifically about prostate specific antigen (PSA).

(Circle one response for each statement)

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a. The benefits of prostate cancer screening outweigh the risks.	1	2	3	4	5
b. Discussing harms and benefits of prostate cancer screening causes unnecessary anxiety in my patients.	1	2	3	4	5
c. I do not have time to discuss the harms and benefits of prostate cancer screening with my patients.	1	2	3	4	5
d. Patients have a right to know the implications of prostate cancer screening before they are screened.	1	2	3	4	5
e. Patients should be told that it has yet to be proven that prostate cancer screening saves lives.	1	2	3	4	5
f. I have lost patients to prostate cancer who might have been saved if they had been screened with PSA.	1	2	3	4	5
g. I have lost close family members or friends to prostate cancer.	1	2	3	4	5
h. There have been times when I have regretted ordering a PSA test for a patient.	1	2	3	4	5
i. I have wondered if treatment for prostate cancer is worth it for some patients.	1	2	3	4	5
j. There is no need to educate patients about prostate cancer screening because in general they want to be screened.	1	2	3	4	5
k. My patients frequently request the PSA test.	1	2	3	4	5
l. There is clear evidence that prostate cancer screening saves lives.	1	2	3	4	5
m. My clinical experience is more important than research studies in how I handle screening.	1	2	3	4	5
n. The scientific evidence does not support routine screening for prostate cancer.	1	2	3	4	5
o. Prostate cancer screening is a standard of care in my community.	1	2	3	4	5
p. I would describe myself as someone who practices evidence-based medicine.	1	2	3	4	5
q. Not ordering a PSA test puts a physician at risk for malpractice liability.	1	2	3	4	5

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**Finally, tell us about yourself and your practice.**

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3. Total years in practice: \_\_\_\_\_ years

4. Gender:  Male  
 Female

5. Practice Type (if you practice in more than one location, please select the practice type where you see most of your patients [your primary practice site]):  
CHECK ALL THAT APPLY

Solo practice  
 Two-person partnership  
 Family practice group  
 Multispecialty group  
 Academic practice (Residency program, faculty practice)  
 Other (please specify): \_\_\_\_\_

6. Is your practice a family medicine residency training site?  Yes  
 No

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**Thank you for your time.  
Please return survey in the enclosed envelope.**