1 Month Post Program See, Test & Treat Outcomes Data Form

Within 30 days after your See, Test & Treat program, grantees are required to provide patient outcomes data using the form below. To ensure that CAP Foundation staff is kept up to date on the outcomes of any patients that require additional diagnostics , treatment and/or follow-up care, all grantees will be asked to complete a 3 month and a 6 month outcomes form - these forms will be added to your online account. To highlight the impact resulting from See, Test & Treat, we are requesting sites to follow patients until they are connected with the care/information they need.

STT Contact Information

Contact Name _____

Email _____

Phone Number _____

STT Institution Information

Institution Name _____

Program Date _____

General Metrics

	Data
Total # of individuals attending the event	_____
Total # Screened for Breast and Cervical Cancer	_____
# of Registrations prior to event	_____
# walk-ins	_____
# no shows	_____
Total # of women that have never attended your See, Test & Treat program	_____
# Utilizing On-Site Children's Activities	_____
# Needing Interpreters	_____
# Utilizing Transportation Services	_____
# Pathologist Volunteers	_____
# Pathologist Volunteer Hours	_____
# Other Medical Professional Volunteers	_____
# Other Medical Professional Volunteer Hours	_____

# Non-medical personnel voluteers	_____
# Non-medical personnel volunteer hours	_____

Volunteers

Definition of volunteer categories:Pathologist volunteers - include all pathologists and pathology residentsMedical Professional volunteers - include all non-pathologist physicians, nurses, medical assistants, cytotechs, lab techs, mammography techs, etc.Non-Medical Professional volunteers - include volunteers that do not fall in either of the above categories.

	Data
# Pathologist Volunteers	_____
# Pathologist Volunteer Hours	_____
# Other Medical Professional Volunteers	_____
# Other Medical Professional Volunteer Hours	_____
# Non-medical Personnel Volunteers	_____
# Non-medical Personnel Volunteer Hours	_____

Patient Demographics

	Data
# Who are not established patients of your hospital or clinic	_____
# Who do not have a primary care physician	_____
# Who do not have a medical home	_____
# Who have never attended a See, Test & Treat Event	_____
# Who have health insurance but who report being unable to see a doctor because of cost	_____
# Who have no health insurance	_____
# Who have not gone to a doctor for a routine checkup in the last 12 months	_____
# Women receiving mammograms who have never had a mammogram even if they were eligible	_____
# Women receiving mammograms who had a mammogram 5 or more years ago	_____
# Women receiving a Pap test who have never had a Pap test	_____

# Women receiving a Pap test who have not had a Pap test in 5 or more years	_____
# Women counseled after receiving their cancer screening results	_____

Age of Women Receiving Screenings

	Data
< 20	_____
21 to 29	_____
30 to 39	_____
40 to 49	_____
50 to 59	_____
60 to 69	_____
70+	_____

Race of Women Receiving Screenings

	Data
American Indian or Alaska Native	_____
Asian	_____
Black or African American	_____
Native Hawaiian or other Pacific Islander	_____
White	_____
Other (specify)	_____
Other Unknown	_____
>1 Race	_____

Ethnicity of Women Receiving Screenings

	Data
Hispanic/Latino/Spanish Origin	_____

Not Hispanic/Latino/Spanish Origin	_____

Short Term Patient Outcomes

Connection to Care

	Data
# Women who met with a health insurance navigator to explore health insurance options	_____
# Women signed up for health insurance through a navigator	_____
# Women connected with a primary care institution	_____

Breast Cancer Screenings

	Data
# Women receiving a CBE	_____
# Women receiving a screening mammogram	_____
# Screening Mammograms with BIRAD 1 or 2 (all normal results)	_____
# Screening Mammograms with BIRAD 0 (all abnormal screening mammograms recommended for additional screening)	_____

BIRAD 0 Screening Mammograms - Breakdown of additional screenings/services and findings

	Data
# of Diagnostic mammograms scheduled	_____
# of Diagnostic mammograms performed	_____
# Ultrasounds scheduled	_____
# Ultrasounds performed	_____
# Additional imaging resulting in BIRAD 1 or 2	_____
# Additional imaging resulting in BIRAD 3	_____
# Additional imaging resulting in BIRAD 4 or 5	_____
# Biopsies scheduled	_____
# Biopsies performed	_____

# FNAs scheduled	_____
# FNAs performed	_____
Total # of women scheduled for follow-up diagnostic testing for abnormal breast cancer results	_____

Diagnosis - Breast

	Data
# Benign Biopsies	_____
# Malignant biopsies / breast cancer Cases	_____
# women connected to breast cancer treatment	_____

Cervical Cancer Screenings

	Data
# Women receiving Pelvic Exams	_____
# Women receiving Pap tests	_____
# Women receiving a HPV test	_____
# of normal Pap test results	_____
# of abnormal Pap test results	_____
# of positive high risk HPV results	_____

Cervical Cancer Screenings - Breakdown of abnormal results

	Data
# ASCUS	_____
# ASCUS with high risk HPV	_____
# LSIL	_____
# ASC-H	_____
# HSIL	_____

# AGC	_____
Total # of women scheduled for follow-up diagnostic testing for abnormal cervical cancer results	_____

Abnormal Pap tests - Breakdown of additional screenings/services and findings

	Data
# Repeat Paps or cotests scheduled	_____
# Repeat Paps or cotests performed	_____
# Colposcopies scheduled	_____
# Colposcopies performed	_____
# Cone Excisions scheduled	_____
# Cone Excisions performed	_____
# LEEP Excisions scheduled	_____
# LEEP Excisions performed	_____

Diagnosis - Cervical

	Data
# LSIL on cervical biopsy	_____
# HSIL on cervical biopsy	_____
# Diagnosed with Cervical Cancer	_____
# Women connected to cervical cancer treatment	_____

Patients Needing Diagnostic Procedures, Treatment and/or Follow-Up Services - 1 Month Post Program

Unique Patient Identifier	Describe the follow-up services needed by the patient	Date of follow-up appointment scheduled
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participant Knowledge/Attitude Changes

	Data
# of Women who completed the survey	_____
# Women who feel more comfortable going to the doctor because of See, Test & Treat	_____
# Women who feel confident that they will go to the doctor every year to receive a check-up because of See, Test & Treat	_____
# Women who feel that they understand how often they should get screened for cervical and breast cancer because of See, Test & Treat Cervical Cancer	_____
# Women who understand why they should get a Pap test because of See, Test & Treat	_____
# Women who understand why they should get a screening mammogram because of See, Test & Treat	_____
# Women who feel confident that they know how and where to access medical services in the future because of See, Test & Treat	_____

Supporting Partners

Please enter the name of all organizations who contributed to your program on the day of the event. If they provided screenings or social services, indicate what kind; if they conducted health education, indicate the topic. Please also list organizations that contributed to children's activities and transport. For all listings, enter the # of individuals that they educated or provided services for at the See, Test & Treat program.

Organization Name	Describe the service, screenings, and/or education provided	# of Individuals Served
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____