## The Colon and Rectal Cancer Institute at The Steeplechase Cancer Center Colon Cancer Risk Assessment Form

| Primary Risk Factors: |   | Yes | No |                        |                      |
|-----------------------|---|-----|----|------------------------|----------------------|
| 1.<br>2.              | Are you age 50 or older? Have you ever had colon or rectal polyps?  |     |    |                        |                      |
|                       | a. Has anyone in your family had polyps?  |     |    |                        |                      |
| 3.                    | Do you have inflammatory bowel disease?   |     |    |                        |                      |
| 4.                    | Have you experienced rectal bleeding or a change in bowel habits?   |     |    |                        |                      |
| 5.                    | Has anyone in your family had colon, rectal, breast, lung, renal, gastric, ovarian, endometrial, or any other cancer?             |     |    |                        |                      |
|                       | a. If yes, please indicate which family members, the age they were diagnosed, and the type of cancer(s) they were diagnosed with. |     |    | Age(s) at<br>Diagnoses | Type(s) of<br>Cancer |
|                       | Mother  |     |    |                        | ·                    |
|                       | Father  |     |    |                        |                      |
|                       | Child(ren)  |     |    |                        |                      |
|                       | Sibling(s)  |     |    |                        | <del></del>          |
|                       | Grandparent(s)  |     |    | <del></del>            |                      |
|                       | Aunt(s) / Uncle(s)  |     |    |                        | <del></del>          |
| 6.                    | Has it been over five years since you had a colonoscopy? (If you have never had a colonoscopy please answer YES)                  |     |    |                        |                      |

## **Additional Risk Factors Include:**

- Physical inactivity
- High red-meat/fat content and/or low in fiber content diet
- Low daily serving of fruits/vegetables
- Overweight or obesity
- Smoking
- Diabetes
- High alcoholic intake

## Colon Cancer Risk Assessment

If you answered "NO" to questions 1 through 6, you are at low risk for colorectal cancer and screening is not recommended until you are age 50.

If you answered "YES" to # 1, but "NO" to questions 2 through 6, you are at average risk for colorectal cancer. The Colon and Rectal Cancer Institute at the Steeplechase Cancer Center recommends you contact your primary care provider about receiving a colonoscopy exam, which should be provided every 10 years.

If for any reason you are unable to receive a colonoscopy your doctor may consider one of the following other options:

- Annual stool blood test combined with Flexible Sigmoidoscopy every 5 years
- Double contrast barium enema with Flexible Sigmiodoscopy every 5 years
- Virtual Colonoscopy

If you answered "YES" to any of the questions 2 through 6, you may be at an increased risk for colorectal cancer. The Colon and Rectal Cancer Institute at the Steeplechase Cancer Center recommends that individuals at increased risk or with symptoms such as change in bowel movements or blood in stool should contact their physician right away to determine the screening test that is right for you.

The items listed under additional risk factors may also indicate that you may be at an increased risk for colon or rectal cancer. Please discuss your responses to these questions with your primary care provider or call the Steeplechase Cancer Center at (866) 742-5762 to determine your level of risk for colon and rectal cancer.