**Preprocedure Questionnaire**

Please fill out this questionnaire. Choose one of the numbered options and write the selected number in the box on the right.

<table>
<thead>
<tr>
<th>Patient Code (this line [box] to be filled out by the admitting nurse)</th>
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- **Have you ever had a colonoscopy or sigmoidoscopy?** (0=no; 1=yes) [Blank]
- **If yes, how was your experience?** (1=good; 2=bad; 3=no reply) [Blank]
- **Has a family member or a friend told you about their colonoscopy or sigmoidoscopy?**
  - (0=no; 1=colonoscopy; 2=sigmoidoscopy; 3=don’t know) [Blank]
- **If yes, how was their experience?** (1=good; 2=bad; 3=no reply) [Blank]
- **Did you read all the material that was provided to you?** (0=no, 1=yes, 2=no reply) [Blank]
- **Were the instructions clear?** (0=no; 1=yes; 2=no reply) [Blank]
- **What is your opinion about the information load?**
  - (0=no reply; 1=too little; 2=adequate volume; 3=too much) [Blank]
- **What is your level of education?**
  - (1=didn’t graduate high school; 2=high school graduate; 3=college or university graduate) [Blank]
- **For cultural considerations - What is your race?**
  - (1=Caucasian; 2=Hispanic; 3=African American; 4=Asian American; 5=other) [Blank]
- **Do you feel anxious about the procedure?** (0=not at all; 1=slight; 2=moderate; 3=very) [Blank]
- **Do you smoke?** (0=no; 1=yes) if yes, please state how much. [Blank]
- **Do you drink alcohol?** (0=no; 1=yes) if yes, please state how much [Blank]
- **Do you take pain medications regularly?** (0=no, 1=over the counter, 2=prescription) [Blank]
- **What type of prep are you using?**
  - (1=Myelostat [Gallon]; 2=Fleet’s Phospho Soak; 3=other) [Blank]
- **How did you tolerate the preparation?** (1=tolerated well, 2=tolerated poorly) [Blank]

*Appendix e1 The pre-procedure questionnaire.*
Post -Procedure Home Questionnaire
(Part 4)

This top section (box) to be filled out by the nurse:

Patient Code

Patient section: Please fill this questionnaire out again. Choose one of the numbered options and write the selected number in the box on the right. Please use the provided envelope to mail your questionnaire back to us. Thank you very much for your participation.

Where did you fill out the questionnaire (1= in the hospital; 2= at home, or outside the hospital)

I was very satisfied with the care I received.
(1= strongly agree; 2= agree; 3= not sure; 4= disagree; 5= strongly disagree)

I would strongly recommend this procedure to friends who qualify for it.
(1= strongly agree; 2= agree; 3= not sure; 4= disagree; 5= strongly disagree)

I would be willing to repeat the exam in the future if necessary.
(1= strongly agree; 2= agree; 3= not sure; 4= disagree; 5= strongly disagree)

Patient’s pain assessment
(1= don’t remember the examination; 2= mild pain; very acceptable; would do again with this level of sedation or less; 3= moderate discomfort; could do again with this level of sedation; 4= moderate plus; would have preferred somewhat more sedation; 5= moderate plus plus; could not stand again without more sedation; 6= very bad experience; not sure would do again even with more sedation; 7= terrible experience; a nightmare; wouldn’t have it done again like this)

Physical surroundings: Did you have enough privacy while the colonoscopy was being done?
(0= no; 1= yes; 2= do not know; 3= no reply)

Did the procedure meet your expectations?
(1= as expected; 2= better than expected; 3= worse than expected; 4= do not know; 5= no reply)

What was the part of the procedure that concerned you most?
(1= worry about the procedure; 2= drinking the preparation; 3= the procedure itself; 4= recovery after the procedure; 5= the embarrassment of having the procedure; 6= the results of the procedure)

When were you able to resume your normal daily activity?
This question is not applicable if this questionnaire was filled out in the GI suite
(1= same day; 2= next day; 3= after two or more days)

Appendix e2  The home post-procedure questionnaire.