PATIENT QUESTIONNAIRE
Water Immersion Colonoscopy Insertion Technique

Instructions: Please mark the box with an “X” corresponding to your experience with colonoscopy.

1. How worried were you before the test (colonoscopy)?
   - Not worried
   - Extremely worried

2. How difficult was the preparation for the test (colonoscopy)? (The bowel prep)
   - Not difficult
   - Extremely difficult

3. How much abdominal pain did you experience during the test (colonoscopy)?
   - No pain
   - Extreme pain

4. How much bloating, gas, or abdominal distension did you experience?
   - No bloating
   - Extreme bloating

5. How much cramping did you feel?
   - No cramping
   - Extreme cramping

6. How uncomfortable was the test (colonoscopy) overall?
   - Comfortable
   - Uncomfortable

7. How weary did you feel after the test (colonoscopy)?
   - Not weary
   - Extremely weary

8. How respected (dignified) did you feel during the test?
   - Respected
   - Not respected (dignified)
   - (undignified)

9. If you received medicine for pain during the test (colonoscopy), do you feel you were given enough?
   - Enough
   - Not enough

10. How satisfied were you with the procedure, overall?
    - Satisfied
    - Unsatisfied

11. If you were advised by your doctor, how willing would you be to undergo this test (colonoscopy) again?
    - Very willing
    - Not willing

Thank you for taking the time to fill out this questionnaire!