

SURVEY

Assessment of colonoscopy preparation in patients undergoing colonoscopy for colon cancer screening

Please take a few minutes to answer the following questions. Providing your best guess is sufficient. There is no right or wrong answer. Thank you for your help.

1. Who referred you for the colonoscopy you are having today?
 - Internal medicine doctor
 - Gynecologist
 - Gastroenterologist
 - Family practitioner
 - Other
 - I am not having a colonoscopy today
(please see the person who gave you this survey)
2. Did anyone talk to you about the liquid laxative that helps you pass stool before your colonoscopy today? (check all that apply)
 - Yes, at the time of my clinic appointment
 - Yes, I received a phone call
 - No, I did not talk with anyone about the laxative preparation, skip question #3.
3. Who discussed how to drink the liquid laxative to prepare you for your colonoscopy (check all that apply)?
 - Doctor
 - Nurse or medical assistant
 - Pharmacist
 - No one
 - I don't know
4. Did anyone discuss the kind of foods to eat and liquids to drink on the day before your colonoscopy to help with the bowel cleansing process?
 - Yes
 - No
5. Did you receive a handout about how to drink the liquid laxative and about what kind of foods and liquids to eat and drink on the day before your colonoscopy?
 - No
 - Yes, given to me at the clinic
 - Yes, through the mail
 - Yes, both at clinic and by mail
 - Yes, from another source
6. Please check how many days it has been since someone talked to you about how to drink the liquid laxative and the colonoscopy appointment.
 - Less than 7 days (1 week) ago
 - 7-14 days ago
 - 15-21 days ago
 - 22-28 days ago
 - More than 28 days (4 weeks) ago
 - No one ever talked to me about how to drink the liquid laxative
7. When did you first look at the instructions about how to get ready for the colonoscopy procedure?
 - Yesterday
 - 2-6 days ago
 - 7-14 ago
 - 15-21 days ago
 - More than 21 days ago
 - Never
8. When did you buy your liquid/pill laxatives to prepare for your colonoscopy?
 - Yesterday
 - 2-6 days ago
 - 7-14 ago
 - 15-21 days ago
 - More than 21 days ago
 - Never
9. What specific type of liquid/pill laxative prep did you take to prepare for your colonoscopy?
 - GoLYTELY, NuLYTELY, Colyte, TriLyte (4 liters of polyethylene glycol (i.e., 4 liter jug with powder in bottom and instructions to fill up the bottle to the "line" on the side of the bottle)
 - Miralax Prep (called Polyethylene Glycol 3350) mixed in Gatorade with Dulcolax tablets
 - OsmoPrep: Phospho-soda Oral Laxative Preparation
 - Half-lytely
 - MoviPrep
 - 2 day Prep
 - None
10. When was the LAST time you ate or drank anything other than clear liquids?

(Clear liquids = water, black coffee, tea, apple juice or white grape juice, soda pop (including cola, 7-up, Sprite, ginger ale), chicken or beef clear broth, lemon or lime powdered drinks (Kool Aid or Crystal Lite), lemon or lime gelatin.)

 - Before noon yesterday
 - Between 12:01pm and 4:00pm yesterday
 - Between 4:01pm and 8:00pm yesterday
 - Between 8:01pm and 12:00am (midnight) yesterday
 - Anytime today
11. How many glasses of fluid (8 ounces = 1 glass) did you drink in addition to your liquid laxative prep YESTERDAY(up to midnight)?
 - 0 (None)
 - 1-2 glasses
 - 3-4 glasses
 - 5-6 glasses
 - Greater than 6 glasses

12. How many glasses of fluid (8 ounces = 1 glass) did you drink in addition to your liquid laxative prep TODAY (midnight thru this morning)?
- 0 (None)
 1-2 glasses
 3-4 glasses
 5-6 glasses
 More than 6 glasses
13. When did you START taking your liquid/pill laxative prep?
- YESTERDAY
- Before 12:00pm (noon)
 Between 12:01pm and 4:00pm
 Between 4:01pm and 8:00pm
 Between 8:01pm and 12:00am (midnight)
- TODAY
- Between 12:01am and 3:00am
 Between 3:01am and 6:00am
 Between 6:01am and 9:00am
 Between 9:01am and 12:00pm (noon)
 After 12:01pm
 I never took my liquid laxative prep
14. When did you FINISH taking your liquid/pill laxative prep?
- YESTERDAY
- Before 12:00pm (noon)
 Between 12:01pm and 4:00pm
 Between 4:01pm and 8:00pm
 Between 8:01pm and 12:00am (midnight)
- TODAY
- Between 12:01am and 3:00am
 Between 3:01am and 6:00am
 Between 6:01am and 9:00am
 Between 9:01am and 12:00pm (noon)
 After 12:01pm
 I never took my liquid/pill laxative prep
15. Please pick the sentence below that best describes how you took the liquid/pill laxative prep.
- I took ALL of the liquid/pill laxative prep YESTERDAY
 I took SOME of the liquid/pill laxative prep YESTERDAY and SOME of it TODAY
 I took ALL of the liquid/pill laxative prep TODAY
 I NEVER took my liquid/pill laxative prep
16. How much of the liquid/pill laxative did you take?
- >90% (almost all or all of laxative)
 75-90% (three-quarters but less than almost the entire laxative)
 50-75% (one half to less than three-quarters of the laxative)
 <50% (less than one half of the laxative)
17. What time is your colonoscopy appointment today?
- Between 7:30am and 9:00am
 Between 9:01am and 10:30am
 Between 10:31am and 12:00pm (noon)
 Between 12:01pm and 1:30pm
 After 1:31pm
18. Did you feel nauseous or sick to your stomach over the last 24 hours?
- Yes
 No
19. Did you have any vomiting over the last 24 hours?
- Yes
 No
20. Do you get nauseous or sick to your stomach easily?
- Always
 Usually
 Sometimes
 Rarely
 Never
21. How long did it take for you to have your first bowel movement after taking the liquid/pill laxative?
- Less than 1 hour
 1-2 hours
 3-4 hours
 5-6 hours
 More than 6 hours
22. How long did it take for you to have a clear bowel movement?
- Less than 4 hours
 Between 4 hours and 8 hours
 Between 9 hours and 12 hours
 More than 12 hours
 I never had a clear bowel movement
23. What did your last bowel movement look like?
- Watery/clear
 Watery with flecks
 Brown liquid
 Solid stool
24. Overall, how closely did you follow the laxative instructions?
- Exactly as instructed
 Very closely
 Somewhat closely
 Not at all
25. How many times did you have to stop to go to the bathroom after you left your house this morning before checking in for your colonoscopy appointment?
- None
 One time
 Two times
 Three or more times
26. How far did you have to drive today for your colonoscopy appointment?
- Less than 15 miles
 15-30 miles
 Greater than 30 miles but less than 60 miles
 Greater than 60 miles

Now we want to learn more about you and your health. We would like you to check the answer that best describes you. Remember, there is no right or wrong answer.

27. Is this your first colonoscopy?
 Yes
 No
28. If you answered no to question # 28, please list how many colonoscopies you have had in your lifetime (NOT counting the one you will have today): _____
29. How would you rate your overall health at the present time?
 Excellent
 Very Good
 Good
 Fair
 Poor
30. Do you have a history of constipation?
 Yes
 No
31. Do you have a history of stroke or mini-stroke?
 Yes
 No
32. Do you take any prescribed pain pills (narcotics such as vicoden, perkocet, codeine, Tylenol #3, dilaudid, hydromorphone, lortab or morphine)?
 Yes
 No
33. Do you take any of the following medicines: TOFRANIL (imipramine), ELAVIL, (amitryptilline), NORPRAMIN (desipramine), SINEQUAN (doxepin), PAMELOR (nor-tryptilline) or VIVACTIL (portyptyline)?
 Yes
 No
34. Do you have a history of cirrhosis (scarring of the liver)?
 Yes
 No
35. Please list your age at your last birthday: _____
36. Are you Hispanic or Latino?
 Yes
 No
37. For your race, do you consider yourself primarily:
 Caucasian/White
 Asian-American/Pacific Islander
 African-American/Black
 Native American/Native Alaskan
 Other, please list: _____
38. My Marital Status is:
 Married
 Living with partner
 Separated
 Divorced
 Widowed
 Never been married
39. Level of school completed:
 Less than high school
 High school graduate or equivalent
 Some college or specialty training
 College graduate
 Post graduate work or graduate degree(s)
40. My current employment status is:
 Full-time
 Part-time
 Retired
 Disabled
 Homemaker
 Student
41. What is your sex?
 Male
 Female
42. Please identify your primary health insurance:
 Private insurance
 Medicare
 Medicaid
 Military: Champus/VA
 None
43. What was your annual household income in the last year from all sources?
 Less than \$25,000
 \$25,000- \$50,000
 \$50,001- \$75,000
 \$75,001-\$100,000
 Greater than \$100,000

Thank you for your help!