

Appendix 1: Patient Diary

Time Requirements for Colonoscopy Study (TRuCS)

Please fill in the time and date when the following events occur. Items 1 through 4 and items 9 through 11 are for you to answer. Those in the gray box labeled "RA" are for the research assistant to complete while you are at the colonoscopy. Complete the last item when you feel completely back to normal (or one week after your colonoscopy if you still do not feel back to normal at that time).

	<u>Time</u> (circle AM or PM)	<u>Date</u>
1. When did you change your diet (start eating differently) for the colonoscopy?	_____ AM/PM	_____
2. When did you start taking medication (the "prep") for the colonoscopy?	_____ AM/PM	_____
3. When did you leave your home (or other location) to go to the colonoscopy?	_____ AM/PM	_____
4. When did you arrive at the UNC GI procedures unit?	_____ AM/PM	_____
Patients—DO NOT WRITE IN THIS BOX—RA to complete—OFFICE USE ONLY		
5. Sedation initiated (RA)	_____ AM/PM	_____
6. Start of procedure (RA)	_____ AM/PM	_____
7. End of procedure (RA)	_____ AM/PM	_____
8. Departure from UNC GI procedures unit (RA)	_____ AM/PM	_____
9. When did you arrive at home (or other destination) after the procedure?	_____ AM/PM	_____
10. When did you return to your routine activities?	_____ AM/PM	_____
11. When did you feel completely back to normal?	_____ AM/PM	_____

____ Check here if you still do **not** feel completely back to normal one week after your colonoscopy