

## Appendix 2: Patient Questionnaire

# *Time Requirements for Colonoscopy Study (TRuCS)*

*Please complete this questionnaire after your colonoscopy, when you feel back to normal (or after one week if you do not feel back to normal). The purpose of this questionnaire is to assess the time requirements for patients undergoing colonoscopy. Some questions may seem very similar to each other because we are using more than one way to get certain information.*

1. How would you rate your colonoscopy experience overall?
  1. Very easy
  2. Moderately easy
  3. Neither easy or difficult
  4. Moderately difficult
  5. Very difficult
2. Circle any of the following activities that you did not do as a result of preparing for, having, and recovering from the colonoscopy.
  1. Paid work
  2. Household chores
  3. Caring for others
  4. Leisure activities
  5. Other \_\_\_\_\_
3. How many days of work did you miss because of the colonoscopy?
  1. Zero
  2. Part of a day
  3. One
  4. Two
  5. Three or more
  6. Not applicable
4. How easy or difficult was the preparation for your colonoscopy?
  1. Very easy
  2. Moderately easy
  3. Neither easy or difficult
  4. Moderately difficult
  5. Very difficult
5. How did you get to your colonoscopy?
  1. Personal/family car
  2. Friend's car
  3. Taxi
  4. Bus
  5. Other, specify \_\_\_\_\_
6. Who went with you to your colonoscopy appointment?
  1. Spouse or significant other
  2. Relative
  3. Friend
  4. Other, specify: \_\_\_\_\_
7. What was the approximate roundtrip total distance that you traveled for the colonoscopy?
  1. Less than 5 miles
  2. 5 to 9.9 miles
  3. 10 to 19.9 miles
  4. 20 to 29.9 miles
  5. 30 to 49.9 miles
  6. 50 or more miles
8. How much did you pay in dollars for travel expenses (including gasoline costs and any costs to the person who drove you)? \_\_\_\_\_
9. How much did you pay out of pocket for the colonoscopy itself (such as for your copay or any amount not covered by insurance)?
  1. I paid \_\_\_\_\_
  2. I don't know

10. Imagine there was a new method of screening that had the same benefits for detecting and preventing colon cancer as colonoscopy and the same risk of complications as colonoscopy. It would not require any preparation or cause discomfort, and it would not involve a recovery period.

Assuming that you have no out of pocket expenses for colonoscopy, what is the most you would be willing to pay out of pocket to be able to use such a method of screening rather than go through the colonoscopy?

1. Less than \$50
2. \$50 to \$99
3. \$100 to \$249
4. \$250 to \$499
5. \$500 to \$999
6. \$1000 or more

11. Did you have any bad effects from the colonoscopy (for example: bleeding, abdominal pain, or dizziness)?

1. Yes, describe: \_\_\_\_\_
2. No

12. How would you rate your recovery from the colonoscopy?

1. Very easy
2. Moderately easy
3. Neither easy or difficult
4. Moderately difficult
5. Very difficult

13. Imagine there was a new method of screening that had the same benefits for detecting and preventing colon cancer as colonoscopy and the same risk of complications as colonoscopy. It would not require any preparation or cause discomfort, and it would not involve a recovery period.

Assuming that you have no out of pocket expenses for colonoscopy, what is the most you would be willing to pay out of pocket to be able to use such a method of screening rather than go through the colonoscopy? Please give a specific dollar amount, not a range, for your answer: \_\_\_\_\_

14. How would you estimate your risk of colon cancer in your lifetime?

1. Low
2. Moderate
3. High

15. How do you think your risk of colon cancer compares with others your age?

1. Lower
2. Average
3. Higher

16. How effective do you think colonoscopy is for colon cancer screening?

1. Completely ineffective
2. Not very effective
3. Moderately effective
4. Very effective

**The following section asks you some general questions about your health, your health insurance, and your living circumstances.**

17. In general, would you say that your health is...

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor

Are you able to perform the following functions (1) without assistance, (2) with assistance, or (3) not at all? Please circle.

	Without assistance	With assistance	Not at all
18. Dressing	1	2	3
19. Feeding	1	2	3
20. Walking	1	2	3
21. Toileting (going to the toilet)	1	2	3
22. Grooming	1	2	3
23. Bathing	1	2	3
24. Housekeeping	1	2	3
25. Handle finances	1	2	3
26. Food preparation	1	2	3
27. Transportation	1	2	3
28. Shopping	1	2	3
29. Maintain responsibility for medications	1	2	3

Has a health care provider ever diagnosed you with any of the following conditions?

- |                             |     |    |
|-----------------------------|-----|----|
| 30. Cancer of any type      | Yes | No |
| If yes, specify type: _____ |     |    |
| 31. Arthritis               | Yes | No |
| 32. Diabetes                | Yes | No |
| 33. Heart Disease           | Yes | No |
| 34. Heart Failure           | Yes | No |
| 35. Asthma                  | Yes | No |
| 36. COPD/Emphysema          | Yes | No |
| 37. Depression              | Yes | No |

38. Based on your experience, would you have colonoscopy screening again some time in the future if your health care provider recommended it?

1. Definitely not
2. Probably not
3. Uncertain
4. Probably
5. Definitely

39. Are you . . .

1. Male
2. Female

40. Do you consider yourself...

1. White
2. Black/African American
3. Hispanic
4. Asian/Pacific Islander
5. Other
6. I do not wish to answer

41. What is the highest grade you completed in school?

1. 7th grade or lower
2. 8th through 11th grade
3. High school graduate or GED
4. Some college or vocational school
5. 2-year college degree
6. 4-year college degree
7. Professional or graduate degree
8. I do not wish to answer

42. Do you have health insurance?

1. Yes
2. No
3. I do not wish to answer

43. Do you have Medicare?

1. Yes
2. No
3. I do not wish to answer

44. Do you have Medicaid?

1. Yes
2. No
3. I do not wish to answer

45. How many people are in your household?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven or more
8. I do not wish to answer

46. What is your annual household income range?

1. \$0 to \$14,999
2. \$15,000 to \$29,999
3. \$30,000 to \$44,999
4. \$45,000 to \$59,999
5. \$60,000 to \$74,999
6. \$75,000 to \$89,999
7. \$90,000 or greater
8. I do not wish to answer

47. What is your current employment status?

1. Employed
2. Unemployed
3. Housewife/husband
4. Retired
5. Disabled
6. I do not wish to answer

48. What is your current or most recent occupation?

\_\_\_\_\_

49. Are there any other comments you would like to make?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may continue on the back of this page.