

## Quality of Endoscopy Survey (form to be completed by assistant nurse)

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Date of examination: DD-MM-YYYY

Civil registration number (patient)/admission number: XXXXXX-XXXX

### Colonoscopy details (actual clock; h:min)

Procedure start XX:XX

Cecum reached at XX:XX

Procedure completed XX:XX

### Any breaks for polypectomy

From XX:XX to XX:XX

From XX:XX to XX:XX

From XX:XX to XX:XX

From XX:XX to XX:XX

### Polyps Detected? (choose one)

Yes

No

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*Thank you for filling out the form.*

*Please return to: Dr. Jakob Hendel*