Supplementary File Legends

Supplementary File A. CONSORT checklist. Source: Schulz KF, Altman DG, Moher D, for the CONSORT Group. CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. J Clin Epi 2010; 63(8):834-840.

Section/Topic	Item No	Checklist item	Reported on page No
Title and abstract			
	1a	Identification as a randomised trial in the title	1
	1b	Structured summary of trial design, methods, results, and conclusions (for specific guidance see CONSORT for abstracts)	3 - 4
		Introduction	
Background and objectives	2a	Scientific background and explanation of rationale	5
	2b	Specific objectives or hypotheses	5
		Methods	
Trial design	3a	Description of trial design (such as parallel, factorial) including allocation ratio	6
	3b	Important changes to methods after trial commencement (such as eligibility criteria), with reasons	6
Participants	4a	Eligibility criteria for participants	6 - 7
	4b	Settings and locations where the data were collected	6
Interventions	5	The interventions for each group with sufficient details to allow replication, including how and when they were actually administered	8
Outcomes	6a	Completely defined pre-specified primary and secondary outcome measures, including how and when they were assessed	9 - 10
	6b	Any changes to trial outcomes after the trial commenced, with reasons	NA
Sample size	7a	How sample size was determined	10 - 11

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	7b	When applicable, explanation of any interim analyses and stopping guidelines	NA
Randomisation:			
Sequence generation	8a	Method used to generate the random allocation sequence	7 - 8
	8b	Type of randomisation; details of any restriction (such as blocking and block size)	7 - 8
Allocation concealment mechanism	9	Mechanism used to implement the random allocation sequence (such as sequentially numbered containers), describing any steps taken to conceal the sequence until interventions were assigned	7 - 9
Implementation	10	Who generated the random allocation sequence, who enrolled participants, and who assigned participants to interventions	7 - 9
Blinding	11a	If done, who was blinded after assignment to interventions (for example, participants, care providers, those assessing outcomes) and how	7 - 9
	11b	If relevant, description of the similarity of interventions	NA
Statistical methods	12a	Statistical methods used to compare groups for primary and secondary outcomes	10 - 11
	12b	Methods for additional analyses, such as subgroup analyses and adjusted analyses	10 - 11
		Results	
Participant flow (a diagram is strongly recommended)	13a	For each group, the numbers of participants who were randomly assigned, received intended treatment, and were analysed for the primary outcome	Figure 1
	13b	For each group, losses and exclusions after randomisation, together with reasons	12
Recruitment	14a	Dates defining the periods of recruitment and follow-up	12
	14b	Why the trial ended or was stopped	12
Baseline data	15	A table showing baseline demographic and clinical characteristics for each group	Table 1
Numbers analysed	16	For each group, number of participants (denominator) included in each analysis and whether the analysis was by original assigned groups	12, Figure 1
Outcomes and estimation	17a	For each primary and secondary outcome, results for each group, and the estimated effect size and its precision (such as 95% confidence interval)	12 – 13 Figures 2A,B

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	17b	For binary outcomes, presentation of both absolute and relative effect sizes is recommended	12 - 13
Ancillary analyses	18	Results of any other analyses performed, including subgroup analyses and adjusted analyses, distinguishing pre-specified from exploratory	13 – 15, Tables 3,4
Harms	19	All important harms or unintended effects in each group (for specific guidance see CONSORT for harms)	15
		Discussion	
Limitations	20	Trial limitations, addressing sources of potential bias, imprecision, and, if relevant, multiplicity of analyses	20
Generalisability	21	Generalisability (external validity, applicability) of the trial findings	19
Interpretation	22	Interpretation consistent with results, balancing benefits and harms, and considering other relevant evidence	16 - 19
Other information			
Registration	23	Registration number and name of trial registry	6, NCT02887014
Protocol	24	Where the full trial protocol can be accessed, if available	NCT02887014
Funding	25	Sources of funding and other support (such as supply of drugs), role of funders	None

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Supplementary File B. Instructions according to allocation group.

Intervention Group

One of study's collaborators visits the patients and/or their relatives before the beginning of the preparation and introduces himself.

He informs that the aim of the study is to evaluate the bowel cleanliness in inpatients undergoing colonoscopy. He highlights that the participation in the study, which is not mandatory, requires only some personal anonymous information and that, regardless of participation or not, patient's care will remain in the same high quality standard of care.

Patients and/or their relatives are encouraged to read carefully the informed consent leaflet, which should be signed before the examination and not to hesitate to contact the study's collaborator for any further information.

After having signed the consent form, the physician reads slowly and clearly the following text for patients allocated to the intervention group:

- Adequate bowel preparation allows your doctor to fully examine the bowel mucosa without presence of any stool residue. With adequate bowel preparation, easier detection of lesions (e.g. polyps, inflammation) responsible for your symptoms is achieved.
- Adequate bowel cleanliness shortens the examination time and makes it safer for the patient and technically easier for the endoscopist.
- Adequate bowel cleanliness allows the safe and direct excision of lesions (e.g. polyps) detected during colonoscopy. Presence of stool residue in the bowel incommodes the procedure making it less safe.
- Inadequately prepared bowel could impede your doctor to detect your problem, lengthen the examination time, tend potential discomfort and lead to repetition of the procedure.

- The cathartic (PEG) that you will drink for the bowel preparation is provided as powder for oral solution in sachets. Each sachet should be diluted in 1000ml of water. Please, pay caution with the dilution procedure as it may be difficult to find bottles of 1000ml volume.

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- You should drink each liter of the PEG solution slowly and in a constant rate, approximately one glass (250ml) of the solution every 20-30 minutes. You can additionally drink the following liquids: water, tea, juices without fruit residual, sprite, coke and coffee, as you wish.
- In order to improve the taste of the PEG solution, you can further dilute it using any of the aforementioned liquids.
- If you feel bloating or nausea decrease the solution's consumption rate.
- Ideally, try to complete PEG-solution's consumption 4-6 hours before the time of the scheduled examination.

On top of these simple, specific verbal instructions, the SOC information was provided by the ward nursing stuff, according to local study center practice

Standard of care Group

One of the study's collaborators visits the patients and/or their relatives just before the beginning of the preparation and introduces himself.

He informs that the aim of the study is to evaluate the bowel cleanliness in inpatients undergoing colonoscopy. He highlights that the participation in the study, which is not mandatory, demands only some personal anonymous information and that, regardless of participation or not, patient's care will remain in the same high quality standard of care.

Patients and/or their relatives are encouraged to carefully read the informed consent leaflet, which should be signed before the examination and not hesitate to contact the study's collaborator for any further information.

After having signed the consent form, no further information is given apart from the SOC information per study center provided by the ward nursing stuff. This included provision of the cathartic (PEG) as powder for oral solution in sachets, instruction to dilute each sachet in 1000ml of water and to drink each liter of the PEG solution.

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Supplementary File C. Simulation model exploring adequate bowel preparation rates in different stratification subject mixes.

Stratification (%): mobilized/bedridden: 60/40 (current study's stratification)	Mobilized, n=180		Bedridden, n=120		Total, n=300		p
	Intervention, 90 (50%)	SOC, 90 (50%)	Intervention, 59 (49.2%)	SOC, 61 (50.8%)	Intervention, 149 (49.7%)	SOC, 151 (50.3%)	
Complete colonoscopy	81 (90%)	80 (88.9%)	48 (81.4%)	52 (85.2%)	129 (86.6%)	132 (87.4%)	
Adequate bowel prep, PP	66/81 (81.5%)	53/80 (66.3%)	24/48 (50%)	29/52 (55.8%)	90/129 (69.8%)	82/132 (62.1%)	0.19
Adequate bowel prep, ITT	66/90 (73.3%)	53/90 (58.9)	24/59 (40.7%)	29/61 (47.5%)	90/149 (60.4%)	82/151 (54.3)	0.29
Stratification (%): mobilized/bedridden: 70/30	Mobilized, n=210		Bedridden, n=90		Total, n=300		
	Intervention, 105 (50%)	SOC, 105 (50%)	Intervention, 44 (49.2%)	SOC, 46 (50.8%)	Intervention, 149 (49.7%)	SOC, 151 (50.3%)	
Complete colonoscopy	94 (90%)	93 (88.9%)	36 (81.4%)	39 (85.2%)	130 (87.0%)	132 (87.4%)	
Adequate bowel prep, PP	77/94 (81.9%)	62/93 (66.7%)	18/36 (50%)	22/39 (56.4%)	95/130 (73.1%)	84/132 (63.6%)	0.10
Adequate bowel prep, ITT	77/105 (73.3%)	62/105 (59.1%)	18/44 (40.9%)	22/46 (47.8%)	95/149 (63.7%)	84/151 (55.6%)	0.16
Stratification (%): mobilized/bedridden: 80/20	Mobilized, n=240		Bedridden, n=60		Total, n=300		
	Intervention, 120 (50%)	SOC, 120 (50%)	Intervention, 29 (49.2%)	SOC, 31 (50.8%)	Intervention, 149 (49.7%)	SOC, 151 (50.3%)	
Complete colonoscopy	108 (90%)	107 (88.9%)	24 (81.4%)	26 (85.2%)	132 (88.5%)	133 (88.1%)	

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Adequate bowel prep, PP	88/108 (81.5%)	71/107 (66.3%)	12/24 (50%)	16/26 (55.8%)	100/132 (75.7%)	86/133 (64.7%)	0.05
Adequate bowel prep, ITT	88/120 (73.3%)	71/120 (59.2%)	12/29 (41.1%)	16/31 (51.6%)	100/149 (67.1%)	86/151 (56.9)	0.07
Stratification (%): mobilized/bedridden: 90/10	Mobilized, n=270		Bedridden, n=30		Total, n=300		
	Intervention, 135 (50%)	SOC, 135 (50%)	Intervention, 15 (50.0%)	SOC, 15 (50.0%)	Intervention, 150 (50.0%)	SOC, 150 (50.0%)	
Complete colonoscopy	122 (90%)	120 (88.9%)	12 (81.4%)	13 (85.2%)	134 (89.3%)	133 (88.7%)	
Adequate bowel prep	99/122 (81.5%)	80/120 (66.3%)	6/12 (50%)	7/13 (55.8%)	105/134 (78.3%)	87/133 (65.4%)	0.02
Adequate bowel prep, ITT	99/135 (73.3%)	80/135 (59.3%)	6/15 (40%)	7/15 (46.7%)	105/150 (70.0%)	87/150 (58.0%)	0.03