



Date:

# Colonoscopy preparation questionnaire

Please answer all questions carefully **with the help of your doctor**.

Your answers will help the colonoscopist to decide the best course of treatment for you. They will also help to ensure that the examination proceeds safely and without unnecessary delay.

1. A direct blood relative (father, mother, brother, sister, half-brother, half-sister, son, daughter) contracted colorectal cancer before they reached the age of 60.  don't know    yes    no
  
2. A direct blood relative (father, mother, brother, sister, half-brother, half-sister, son, daughter) contracted colorectal cancer after they reached the age of 60.  don't know    yes    no
  
3. Two or more collateral relatives contracted colorectal cancer.  don't know    yes    no
  
4. I have had a colonoscopy before.  yes    no  
*Date of last colonoscopy:* .....  
*Diagnosis:* .....
  
5. I am being treated for chronic inflammatory bowel diseases.<sup>1</sup>

Crohn's disease	<input type="checkbox"/> yes	<input type="checkbox"/> no
Ulcerative colitis	<input type="checkbox"/> yes	<input type="checkbox"/> no

<sup>1</sup> A patient being treated for Crohn's disease or ulcerative colitis must be examined by their gastroenterologist prior to the screening colonoscopy.

Please complete with the help of your doctor.

6. I am being treated with antiaggregants<sup>2</sup> or anticoagulants (medication to prevent blood-clotting).  
a) No.  
b) Yes. Give the names of the medication(s): \_\_\_\_\_  
Following consultation with the doctor or other specialist that prescribed the medication, I will stop the treatment \_\_\_\_\_ days prior to the procedure.  
Haemostasis test after stopping treatment with warfarin (type and result): \_\_\_\_\_  
Date of result: \_\_\_\_\_
7. I am being treated with an iron preparation.  
a) No.  
b) Yes. Treatment should be stopped 7–10 days prior to the procedure.
8. I take medication for diabetes (tablets, insulin).  
a) No.  
b) Yes. Treatment should be adjusted prior to the procedure under the instructions of your doctor or diabetologist.
9. I have an implantable defibrillator.  
a) No.  
b) Yes.
10. I am allergic to a medication or medications  
a) No.  
b) Yes. Give the names of the medication(s): \_\_\_\_\_
11. Under the instructions of my doctor, I must take the following medication(s) prior to, during and/or after the colonoscopy. Give the names of the medication(s):  
\_\_\_\_\_
12. Other characteristics of my health that could affect the colonoscopy (e.g. dialysis, chronic obstructive pulmonary disease, liver disease, pacemaker fitted, etc.):  
\_\_\_\_\_

### **Clinical status of the patient** (to be completed by the doctor)

Mark as appropriate	Category	Description of health status
	ASA I	patient with no physical, physiological or psychiatric disorders
	ASA II	patient with a well-controlled chronic disease, without more strongly pronounced systemic effects
	ASA III	patient with a chronic disease featuring pronounced systemic effects and occasional deteriorations
	ASA IV	patient with a poorly controlled chronic disease, with frequent deteriorations that present a threat to life ( <b>such patients undergo a colonoscopy after their health status is stabilised</b> )

<sup>2</sup> An endoscopist may always opt to suspend treatment with acetylsalicylic acid (aspirin) for 5 to 7 days prior to the colonoscopy, weighing up the risk of thromboembolism if treatment is suspended against the risk of bleeding if treatment with acetylsalicylic acid is continued.