

Date:

Questionnaire for participants after the colonoscopy

In which health institution was the colonoscopy performed?

.....

Provide the name and surname of the doctor who performed the colonoscopy:

.....

1. **In your opinion, were the instructions for taking stool samples understandable and clear?** *(cross out your answer)*

Yes no partly

2. **In your opinion, were the colon cleansing instructions understandable and clear?** *(cross out your answer)*

Yes no partly

3. **Were you satisfied with the help provided by your general practitioner during your colonoscopy preparation?** *(cross out your answer)*

Yes no partly

4. **Was the colonoscopy procedure explained to you properly before the examination?** *(cross out your answer)*

- YES** – my general practitioner explained it to me
- YES** – the doctor who performed colonoscopy explained it to me
- PARTLY** – my general practitioner explained it to me
- PARTLY** – the doctor who performed colonoscopy explained it to me
- NO** – nobody gave me a proper explanation about the examination

5. **Did you receive proper explanation about the risks involved in colonoscopy?** *(cross out your answer)*

Yes no

6. **How did you find the attitude of the doctor who performed colonoscopy?** *(mark with 1 to 5; 5 being the highest)*

	1	2	3	4	5
Polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How would you assess the work of the doctor who performed the colonoscopy?

(mark with 1 to 5; 5 being the highest)

	1	2	3	4	5
Thorough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Careful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accurate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How did you find the personal attitude of the nurses and other staff who took care of you during the colonoscopy? (mark with 1 to 5; 5 being the highest)

	1	2	3	4	5
Polite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compassionate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The procedure was performed only by the doctor.

9. After the performed colonoscopy, did the doctor give you a clear explanation about the course of examination, your health condition and the further steps that need to be taken?

(cross out your answer)

Yes no partly

10. Please assess the level of pain during colonoscopy (cross out your answer)

no pain mild pain moderate pain
 medium strong pain very strong pain hardly bearable pain
 unbearable pain

11. Please assess your experience with colonoscopy (cross out your answer)

Very negative negative nothing special positive very positive

12. Would you be willing to repeat the examination when necessary? (cross out your answer)

Yes
 Yes, but with another doctor. Why?

Partly Why?

13. Would you recommend the examination to your friends and acquaintances?

(cross out your answer)

Yes
 Yes, but with another doctor. Why?

Partly Why?

14. Were you satisfied with the support provided by the Svit Programme Call Centre?

(cross out your answer)

Yes no partly

15. Did you find the information from the Svit Programme website useful? (cross out your answer)

Yes no partly I don't use the internet