

Feedback on Your Colonoscopy Experience

We are looking to improve the way we run the Colon Cancer Screening Centre, and your answers to these questions would help us decide how we best do this. A few minutes of your time would be very much appreciated.

We are asking that you do not sign these forms (i.e. they are anonymous), so that your answers can be as honest as possible. Please return the questionnaire to the reception desk or by mail, using the attached self-addressed business reply envelope.

1. Before the day of your colonoscopy (this may apply to an appointment you had with a nurse or doctor **at the Colon Cancer Screening Centre**, to any pamphlets you received from us by mail, to booking your test or to any other discussions taking place with the Centre’s staff before the day of your colonoscopy)

Prior to the date of your colonoscopy, did you have an appointment with a nurse or doctor at the Colon Cancer Screening Centre?

- Yes
 No
 Don't remember

	Yes	No
Was the colonoscopy done soon enough after being seen at the Centre?	<input type="radio"/>	<input type="radio"/>
Were you offered a choice of dates/ times in which the colonoscopy could be done?	<input type="radio"/>	<input type="radio"/>
Did you receive a pamphlet or booklet explaining a bit about what the test involved?	<input type="radio"/>	<input type="radio"/>
If you received a pamphlet or booklet, did it explain the procedure in a clear manner?	<input type="radio"/>	<input type="radio"/>
Did the nurse or doctor discuss what the test involved?	<input type="radio"/>	<input type="radio"/>
Did the nurse or doctor explain why the test was being arranged (i.e. what it was looking for)?	<input type="radio"/>	<input type="radio"/>
Did the nurse or doctor discuss alternative screening tests (fecal occult blood test)?	<input type="radio"/>	<input type="radio"/>
Did the nurse or doctor mention that, although it happens very rarely, there might be risks (complications such as bleeding or perforation) of doing the colonoscopy?	<input type="radio"/>	<input type="radio"/>
Did you use the computer carrels to obtain information about colon cancer screening?	<input type="radio"/>	<input type="radio"/>
Did you access the Centre’s website for information about colon cancer screening?	<input type="radio"/>	<input type="radio"/>
Did you feel you had enough information to prepare for your colonoscopy	<input type="radio"/>	<input type="radio"/>

2. The day of your colonoscopy

	Yes	No
Was your journey through the unit well co-ordinated?	<input type="radio"/>	<input type="radio"/>
Were you treated courteously and with respect by the reception staff?	<input type="radio"/>	<input type="radio"/>
Did you feel adequately informed about what was happening to you and when?	<input type="radio"/>	<input type="radio"/>
Were you comfortable when waiting for the test?	<input type="radio"/>	<input type="radio"/>
Was there an excessive delay in waiting for your test?	<input type="radio"/>	<input type="radio"/>
Did you feel that you understood all aspects of having a sedative injection for the test?	<input type="radio"/>	<input type="radio"/>
Before going into the endoscopy room, did you feel that you had an opportunity to ask the nurses any further questions you may have had?	<input type="radio"/>	<input type="radio"/>
In the endoscopy room, did you feel that you had an opportunity to ask the doctor doing the test any further questions you may have had?	<input type="radio"/>	<input type="radio"/>
Do you feel that you had adequate time in the endoscopy room and that you and the doctor doing the test were not rushed?	<input type="radio"/>	<input type="radio"/>
Was the doctor doing the test courteous and considerate?	<input type="radio"/>	<input type="radio"/>
Were the nurses assisting with the test courteous and considerate?	<input type="radio"/>	<input type="radio"/>
Was the test more uncomfortable than you thought it would be?	<input type="radio"/>	<input type="radio"/>

3. Privacy and dignity

We appreciate that many people will feel that these tests do invade their privacy and are not always very dignified. But within these limits:

	Yes	No
Did you feel that your privacy was respected as best it could be?	<input type="radio"/>	<input type="radio"/>
Did you feel that attempts were made to preserve your dignity as much as possible?	<input type="radio"/>	<input type="radio"/>

4. Aftercare

	Yes	No
Were you given information on what reactions to expect after your procedure?	<input type="radio"/>	<input type="radio"/>
Have you been told the results of your test?	<input type="radio"/>	<input type="radio"/>
Did you receive a written copy of your test results?	<input type="radio"/>	<input type="radio"/>
Were you told if you should have another colonoscopy in the future, and if so, when the colonoscopy should take place?	<input type="radio"/>	<input type="radio"/>

5. Overall

What was your overall assessment of the procedure?

- Extremely tolerable
- Tolerable
- Fairly tolerable
- Fairly intolerable
- Intolerable
- Extremely intolerable
- Do not remember

Would you be willing to undergo a colonoscopy in the future if your doctor recommended it?

- I would have it again if necessary
- I would only have again if essential
- I would not have the procedure again

What would you tell others if they asked you about undergoing a colonoscopy?

- I would recommend that they undergo a colonoscopy
- I would recommend that they only undergo a colonoscopy if it is absolutely essential
- I would not recommend that they undergo a colonoscopy

	Yes	No
Was there any additional information you would have liked to have received from the Colon Cancer Screening Centre before, during or after your colonoscopy?	<input type="radio"/>	<input type="radio"/>

If yes, please describe below:

6. A few questions about you

	Male	Female			
Gender	<input type="radio"/>	<input type="radio"/>			
Age					
Under 50 years	<input type="radio"/>				
50 – 65 years	<input type="radio"/>				
Over 65 years	<input type="radio"/>				
	Yes	No	Don't Know		
Was this your first colonoscopy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Do you have a family history of colorectal cancer or polyps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

