

Study Number:	
Initials:	
Diagnostic pathway before randomisation:	Colonoscopy <input type="checkbox"/> Barium enema <input type="checkbox"/>
Date randomised:	



AFTER THE TEST I

Dear Patient,

Thank you for helping us with this questionnaire on your experiences of the bowel test.

The questions will ask you about your experience of the bowel examination and should be completed **AFTER** you had your bowel test at the hospital. Ideally we would like you to complete this questionnaire **ON THE MORNING AFTER THE BOWEL TEST** or soon after.

Your answers will help us learn more about patients' experiences of different types of bowel tests. So we are very grateful for your time.

Your answers will be treated in strict confidence.

Once you have completed the questionnaire, please return it in the enclosed freepost envelope. No stamp is required.

For any questions please contact the study co-ordinator:

Study Co-ordinator
Reshma Kanani
Tel: 020 8235 4253, Fax: 020 8864 2693

SIG-PT1-1-006

Please turn to the next page...

HOW ARE YOU FEELING RIGHT NOW?

Below is a list of words that describe different feelings you might be experiencing right now. We are interested in your GENERAL mood at the moment. Please read **EACH** word and tick (✓) the box that best indicates the extent to which you feel this way **right now**. Have a look at the **EXAMPLE** below:

EXAMPLE: Consider the word 'sleepy'.

If you are **NOT** feeling sleepy right now you should tick (✓) 'very slightly or not at all'

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Sleepy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Or if you feel **MODERATELY** 'sleepy', you should tick (✓) 'moderately'

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now please read **EACH** word carefully. If a word does not apply or make sense to you, please tick 'very slightly not at all'. It is important that you tick (✓) a box for **EVERY** word.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashamed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jittery (on edge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to the next page...

BEFORE THE TEST

How acceptable did you find the bowel preparation?			
Not at all acceptable	Slightly acceptable	Fairly acceptable	Very acceptable
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you read the instructions for the bowel preparation?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES how satisfied were you with the instructions for the bowel preparation?			
Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What was the date and time of your appointment?		Time	Date
		<input type="text"/>	<input type="text"/>
Did anyone come with you to the test?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, was it difficult to find someone to come with you to the test?			
Not at all difficult	Slightly difficult	Fairly difficult	Very difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had to have the same test again in future, would you ask someone to come with you?			
Yes	No	Don't know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How satisfied were you with the waiting room facilities at the hospital?			
Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied were you with the changing room facilities at the hospital?			
Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to the next page...

HAVING THE BOWEL TEST

Which bowel test did you have in the hospital?

Barium enema	CT colonography (Scan)	Colonoscopy	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with the test?

Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the test more painful or less painful than you expected?

Less painful than I expected	About the same as I expected	More painful than I expected
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did you receive a sedative before or during the procedure? Yes No Don't know

How bloated did you feel during the bowel test?

Not at all	Somewhat	Moderately	Very
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with the instructions from clinical staff during the bowel test?

Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How satisfied were you with the attitude of staff during the bowel test?

Very dissatisfied	Dissatisfied	Satisfied	Very satisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

During the bowel test, were you given information about the findings of the investigation? Yes No

Please turn to the next page...

THINKING ABOUT THE TEST YOU HAD

For each word or statement below, please tick (✓) the box on the scale below which best describes your experience of the test. Please begin by looking at the example below.

EXAMPLE								
FOR EXAMPLE: If you felt that time went slowly during the test you might tick the scale like this								
<i>Time went slowly</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Time went quickly</i>
Or if you felt that time went neither slowly nor quickly you might tick the scale like this								
<i>Time went slowly</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Time went quickly</i>
Felt out of control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Felt in control
Worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not worried
Undignified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dignified
Uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comfortable
Dissatisfied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satisfied
Intrusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not intrusive
Loss of modesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No loss of modesty
Agitated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Calm
Staff were not interested in me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff were interested in me
Staff were cold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff were warm
I'd have preferred to be less awake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I'd have preferred to be more awake
Did not understand what was happening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Understood what was happening
Soreness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No soreness
Hard to cope with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easy to cope with
Staff were not informative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff were informative
I felt puzzled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I did not feel puzzled

Please turn to the next page...

Afraid of "making a fool of myself"	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not afraid of "making a fool of myself"
I was not interested	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I was interested
Took a long time for bowels to get going again	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Did not take a long time for bowels to get going again
Painful	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not painful
Difficult to do what was required	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Easy to do what was required
Not confident in staff	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Confident in staff
I was worried about what they would find	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I was not worried about what they would find
A bad experience	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	A good experience
I was confused	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I was not confused
Tired afterwards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not tired afterwards
Not enough privacy	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enough privacy
Claustrophobic	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not claustrophobic
Staff did not make me feel at ease	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff made me feel at ease
Bloated afterwards	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Not bloated afterwards
Undesirable side effects	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No undesirable side effects
I was not pleased with how it went	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I was pleased with how it went

Please turn to the next page...

AFTER THE TEST

How did you feel in the hours **immediately** after the test?

.....

.....

How satisfied were you with the instructions on what to do **after** the bowel test?

Very dissatisfied Dissatisfied Satisfied Very satisfied

Did you receive information about the results of your test **after** you left the examination room (before you left the hospital)? Yes No

Did you have any follow up investigation immediately after the test? Yes No

Were you given something to drink after your bowel test? Yes No

Were you given something to eat after your bowel test? Yes No

If **not**, would you like to have been given some food and/or drink after the test?

Food Drink Both Neither

Did you experience any of the following symptoms after the test?

	None	Mild	Moderate	Severe
Abdominal pain/cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nausea/vomiting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faint feeling or dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wind	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bottom soreness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleep difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate below how long you felt it took before you had fully recovered from the test?

Immediately Up to 1 hour Up to 3 hours Up to 6 hours Up to 12 hours More than 12 hours Still recovering

Please turn to the next page...

Which of the following was the **LEAST** acceptable aspect of the test?

Bowel Preparation
(Laxative)

Bowel test

Other

If other please specify:

.....

.....

.....

Would you recommend this test as part of a **screening programme**? In other words, to be used on healthy people with **NO** particular bowel problems to test for illnesses such as bowel cancer?

Yes

No

Don't know

Please fill in TODAY'S DATE:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please check you have answered **all** the questions. Your answers are very important to us so we might contact you about any missing information.

I do not wish to be contacted about any missing information.

**THANK YOU VERY MUCH FOR TAKING THE TIME TO
COMPLETE THIS QUESTIONNAIRE**

If you lose the Freepost envelope, please post to:
St Marks Hospital, SIGGAR1, FREEPOST LON 2069,
CR-UK Colorectal Unit, St Marks Hospital,
Northwick Park HARROW. HA1 3BR
(no stamp is needed)

Study Number:	
Initials:	
Diagnostic pathway before randomisation:	Colonoscopy <input type="checkbox"/> Barium enema <input type="checkbox"/>
Date randomised:	



AFTER THE TEST II

Dear Patient,

By filling in the questionnaire you are helping us to fully understand what it is like to have a bowel test including the experiences following the examination.

All of your responses will be used to compare your experiences with those of other patients and ultimately enable us to improve services in the future.

Your answers will be treated in strict confidence and are very important for our research into improving patient care.

Please fill in this questionnaire and return it in the enclosed freepost envelope. No stamp is required.

For any questions, please contact the study co-ordinator.

Study Co-ordinator
Reshma Kanani
Tel: 020 8235 4253, Fax: 020 8864 2693

SIG-PT2-1-906

Please turn to the next page...

HOW ARE YOU FEELING RIGHT NOW?

Below is a list of words that describe different feelings you might be experiencing right now. We are interested in your **GENERAL** mood at the moment. Please read **EACH** word and tick (✓) the box that best indicates the extent to which you feel this way **right now**. Have a look at the **EXAMPLE** below:

EXAMPLE: Consider the word 'sleepy'.

If you are **NOT** feeling sleepy right now you should tick (✓) 'very slightly or not at all'

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Sleepy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Or if you feel **MODERATELY** 'sleepy', you should tick (✓) 'moderately'

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Sleepy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now please read **EACH** word carefully. If a word does not apply or make sense to you, please tick 'very slightly not at all'. It is important that you tick (✓) a box for **EVERY** word.

	Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
Active	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guilt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hostile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proud	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ashamed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Determined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attentive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jittery (on edge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afraid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to the next page...

RECEIVING THE RESULTS

Can you remember which of the following bowel tests you had? If you had **MORE** than one, can you remember which of these was your **FIRST** bowel test?

Barium Enema

CT colonography (scan)

Colonoscopy

Don't know

How did you feel when you received the results from this test?

.....

.....

.....

.....

When did you receive the results of this test?

During the test

Immediately
after the test

The same day

The next day

2-3 days after

4-5 days after

A week after
the test

2-4 weeks
after the test

More than 4
weeks

I have not had
the results yet

How did you receive the results of the test?

Face to face

On the phone

In a letter

Can't remember

Who gave you the results?

The hospital

My GP

Can't remember

Did you have any questions after you received the results?

Yes

No

If you ticked **YES**, can you remember what they were?

.....

.....

.....

.....

Did you receive answers to these questions?

Yes

No

Did not have any questions

Please turn to the next page...

Overall, how satisfied were you with the way the results of this test were explained to you?

Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate how long you felt it took before you fully recovered from the test?

Immediately	Up to 30 minutes	Up to 2 hours	Up to 4 hours	Up to 6 hours	up to 1 day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 2 days	Up to 3 days	A week	A fortnight	One month or more	Still recovering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall, which of the following was the LEAST acceptable aspect of the test?

Bowel Preparation (Laxative)	Bowel test	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If other, please specify:

.....

.....

.....

.....

Would you agree to having the same test again in future if necessary? Yes No

Would you recommend this test as part of a **screening programme? In other words, to be used on healthy people with **NO** particular bowel problems to test for illnesses such as bowel cancer?**

Yes	No	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please turn to the next page...

FOLLOW-UP TESTS

Did you have a follow-up bowel test?

Yes

No

If **YES**, please answer the questions below

If **NO**, skip to **PAGE 6**

**PLEASE READ AND RESPOND TO THE QUESTIONS BELOW
IF YOU HAD A FOLLOW-UP BOWEL TEST**

Which of these was your **SECOND** bowel test?

Barium
Enema

CT colonography
(scan)

Colonoscopy

Flexible
Sigmoidoscopy

Don't know

How did you feel when you received the results?

.....
.....
.....

When did you receive the results of this test?

During the test

Immediately
after the test

The same day

The next day

2-3 days after

4-5 days after

A week after
the test

2-4 weeks
after the test

More than 4
weeks

I have not had
the results yet

How did you receive the results of this test?

Face to face

On the phone

In a letter

Can't remember

Who gave you the results of this test?

The hospital

My GP

Can't remember

Did you have any questions after you received the results for this test?

Yes

No

If you ticked **YES**, what questions did you have?

.....
.....
.....

Did you receive answers to these questions?

Yes

No

Did not have any questions

Please turn to the next page...

Overall, how satisfied were you with the way the results of this test were explained to you?

Very Satisfied Satisfied Dissatisfied Very Dissatisfied

Please indicate below how long you felt it took before you fully recovered from the follow-up test?

Immediately <input type="checkbox"/>	Up to 30 minutes <input type="checkbox"/>	Up to 2 hours <input type="checkbox"/>	Up to 4 hours <input type="checkbox"/>	Up to 6 hours <input type="checkbox"/>	up to 1 day <input type="checkbox"/>
Up to 2 days <input type="checkbox"/>	Up to 3 days <input type="checkbox"/>	A week <input type="checkbox"/>	A fortnight <input type="checkbox"/>	One month or more <input type="checkbox"/>	Still recovering <input type="checkbox"/>

Did you mind having the follow-up test?

Not at all Somewhat Moderately Very much

Overall, which of the following was the **LEAST acceptable aspect of the follow-up test?**

Bowel preparation (Laxative) Bowel test Other

If other, please specify:

.....

.....

.....

Would you agree to having the same test again in future if necessary? Yes No

Would you recommend this test as part of a **screening programme? In other words, to be used on healthy people with **NO** particular bowel problems to test for illnesses such as bowel cancer?**

Yes No Don't know

If you had to have **JUST ONE of the tests again which one would you prefer?**

Test 1 Test 2

Please comment, *your answer will be treated with strict confidence.*

.....

.....

.....

Please turn to the next page...

DO YOU THINK THAT YOUR OVERALL EXPERIENCE OF THE BOWEL TEST(S) HAS

Given you a sense of reassurance that you do not have bowel cancer?

Not at all

A little bit

Quite a bit

A great deal

Made you feel more able to do the things that you normally do?

Not at all

A little bit

Quite a bit

A great deal

Made you more hopeful about the future?

Not at all

A little bit

Quite a bit

A great deal

Made you get on better with those around you?

Not at all

A little bit

Quite a bit

A great deal

Given you a greater sense of well-being?

Not at all

A little bit

Quite a bit

A great deal

Made you feel LESS anxious about bowel cancer?

Not at all

A little bit

Quite a bit

A great deal

Did not feel
anxious*Please turn to the next page...*

YOUR CURRENT HEALTH

About how many times have you been to see your GP in the last 3 months?

Haven't been

Once

Twice

Three or more
times

Would you say that for someone of your age your own health is:

Excellent

Good

Fair

Poor

Would you say that since the bowel test your bowel-related problems have:

Got better

Stayed the same

Got worse

Never had any
problems

Please fill in TODAY'S DATE:

D	D	M	M	Y	Y	Y	Y
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Please check you have answered **all** the questions. Your answers are very important to us so we might contact you about any missing information.

I do not wish to be contacted about any missing information.

**THANK YOU VERY MUCH FOR TAKING THE TIME TO
COMPLETE THIS QUESTIONNAIRE**

If you lose the Freepost envelope, please post to:
St Marks Hospital, SIGGAR1, FREEPOST LON 2069,
CR-UK Colorectal Unit, St Marks Hospital,
Northwick Park HARROW. HA1 3BR
(no stamp is needed)