

Appendix e1 Colonoscopy questionnaire



333 333 4444

Bowel Cancer Screening Programme

Screening colonoscopy questionnaire.

This questionnaire is sent to everyone who has had a colonoscopy as part of the NHS Bowel Cancer Screening Programme. We would be grateful if you would complete and return it.

Please read each statement carefully. For each statement, tick the box by the response that most closely matches your opinion.

A. Your views on the invitation materials.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. The invitation letter to screening was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The booklet <i>Bowel Cancer Screening: The Facts</i> was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The booklet <i>Bowel Cancer Screening: The Colonoscopy Investigation</i> was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The test kit instruction leaflet was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I found the test kit easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
6. I contacted the freephone helpline (0800 707 60 60) about how to use the test kit.	<input type="checkbox"/>	<input type="checkbox"/>
7. I contacted the freephone helpline for other advice to do with bowel cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>

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If 'Yes' to questions 6 or 7 above.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
8. The helpline gave me the information I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Your first appointment with the Screening Practitioner.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
9. I found the appointment with the Screening Practitioner helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt I had enough time with the Screening Practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any questions I had were answered by the Screening Practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I felt pressured by the Screening Practitioner to go ahead with the colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I felt I had an understanding of the risks of having a colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt I had an understanding of the benefits of having a colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I was given clear information on how to take bowel prep medicine (laxative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. Your Screening Colonoscopy

	Yes	No	Don't Remember
16. I signed the consent form before going into the colonoscopy room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I was given sedation for my colonoscopy (sedation is a drug to make you feel relaxed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
18. The colonoscopy was more uncomfortable than I expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Remember
19. During the colonoscopy, I asked for it to be stopped or paused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to question 19.

	Yes	No	Don't Remember
20. I was satisfied with the response to my request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D. After your Colonoscopy (At the hospital)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
21. I was sent home too soon after my colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Someone spoke to me about my colonoscopy before I went home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Remember
23. I was given information on who to contact if I had any problems after leaving hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I was told when I would next be contacted by the screening centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. After your Colonoscopy (At home).

	Yes	No
25. After going home I suffered from pain in my bottom and /or stomach	<input type="checkbox"/>	<input type="checkbox"/>
26. After going home, I had bleeding from my bottom.	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to either question 25 or 26 above.

27. I contacted the following for advice (tick all that apply):	
<input type="checkbox"/> GP	<input type="checkbox"/> Telephone helpline (screening helpline, NHS Direct etc)
<input type="checkbox"/> Screening Centre / Screening Practitioner	<input type="checkbox"/> A friend or family member
<input type="checkbox"/> Hospital / A&E	<input type="checkbox"/> No-one

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F. How did you receive colonoscopy results and follow up?

	Yes	No
28. The Screening Practitioner rang me within seven days of my colonoscopy, to discuss my results.	<input type="checkbox"/>	<input type="checkbox"/>
29. I was offered an appointment to go back to the screening centre to talk more about my colonoscopy results.	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to 29 above.

	Yes	No
30. I took up the appointment to discuss my results.	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
31. I understood what my colonoscopy results meant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

G. How did you feel about your visit to the screening centre (hospital)?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
32. I feel that my privacy was maintained as much as possible during my visit to the hospital (screening centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I feel I was treated with respect during my visit to the hospital (screening centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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H. Additional comments

If you would like to comment about anything not already covered in this questionnaire, please use the space below.

If this questionnaire has raised an issue about your appointment with the Screening Practitioner or your colonoscopy that you would like to discuss further, please tick the box below. A member of staff from the screening centre will contact you in due course.

Yes, please contact me.

Thank you for taking the time to complete this questionnaire. Please return it in the pre-paid envelope provided.

All replies remain part of your confidential screening record.

We appreciate all returned questionnaires and comments made, as they help us to improve our service.

Appendix e2 Colonoscopy and radiology questionnaire



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Bowel Cancer Screening Programme

Screening colonoscopy and radiology questionnaire.

This questionnaire is sent to everyone who has had a colonoscopy and a radiology test as part of the NHS Bowel Cancer Screening Programme. We would be grateful if you would complete and return it.

Please read each statement carefully. For each statement, tick the box by the response that most closely matches your opinion.

A. Your views on the invitation materials.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
1. The invitation letter to screening was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The booklet <i>Bowel Cancer Screening: The Facts</i> was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The booklet <i>Bowel Cancer Screening: The Colonoscopy Investigation</i> was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The test kit instruction leaflet was helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I found the test kit easy to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
6. I contacted the freephone helpline (0800 707 60 60) about how to use the test kit.	<input type="checkbox"/>	<input type="checkbox"/>
7. I contacted the freephone helpline for other advice to do with bowel cancer screening.	<input type="checkbox"/>	<input type="checkbox"/>

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If 'Yes' to questions 6 or 7 above.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
8. The helpline gave me the information I needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Your appointments with the Screening Practitioner and Radiology

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
9. I found the appointment with the Screening Practitioner helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt I had enough time with the Screening Practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Any questions I had were answered by the Screening Practitioner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I felt pressured by the Screening Practitioner to go ahead with the colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I felt pressured by the Screening Practitioner to go ahead with the radiology test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I felt I had an understanding of the risks of having a colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt I had an understanding of the risks of having a radiology test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
16. I felt I had an understanding of the benefits of having a colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I felt I had an understanding of the benefits of having a radiology test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I was given clear information on how to take bowel prep medicine (laxative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. Your Screening Colonoscopy

	Yes	No	Don't Remember
19. I signed the consent form before going into the colonoscopy room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I was given sedation for my colonoscopy (sedation is a drug to make you feel relaxed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
21. The colonoscopy was more uncomfortable than I expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Remember
22. During the colonoscopy, I asked for it to be stopped or paused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to question 22.

	Yes	No	Don't Remember
23. I was satisfied with the response to my request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. After your Colonoscopy (At the hospital)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
24. I was sent home too soon after my colonoscopy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Someone spoke to me about my colonoscopy before I went home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Remember
26. I was given information on who to contact if I had any problems after leaving hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I was told when I would next be contacted by the screening centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. After your Colonoscopy (At home).

	Yes	No
28. After going home I suffered from pain in my bottom and /or stomach	<input type="checkbox"/>	<input type="checkbox"/>
29. After going home, I had bleeding from my bottom.	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to either question 28 or 29 above.

30. I contacted the following for advice (tick all that apply):	
<input type="checkbox"/> GP	<input type="checkbox"/> Telephone helpline (screening helpline, NHS Direct etc)
<input type="checkbox"/> Screening Centre / Screening Practitioner	<input type="checkbox"/> A friend or family member
<input type="checkbox"/> Hospital / A&E	<input type="checkbox"/> No-one

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F. How did you receive colonoscopy results and follow up?

	Yes	No
31. The Screening Practitioner rang me within seven days of my colonoscopy, to discuss my results.	<input type="checkbox"/>	<input type="checkbox"/>
32. I was offered an appointment to go back to the screening centre to talk more about my colonoscopy results.	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to 32 above.

	Yes	No
33. I took up the appointment to discuss my results.	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
34. I understood what my colonoscopy results meant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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G. Your Radiology Test

	Yes	No	Don't Remember
35. I signed the consent form before going into the room where my radiology test was done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
36. The radiology test was more uncomfortable than I expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Remember
37. During the radiology test, I asked for it to be stopped or paused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to question 37.

	Yes	No	Don't Remember
38. I was satisfied with the response to my request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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H. After your Radiology Test (At the hospital)

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
39. I was sent home too soon after my radiology test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Someone spoke to me about my radiology test before I went home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	Don't Remember
41. I was given information on who to contact if I had any problems after leaving hospital.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I was told when I would next be contacted by the screening centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I. After your Radiology Test (At home).

	Yes	No
43. After going home I suffered from pain in my bottom and /or stomach	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to question 43 above.

44. I contacted the following for advice (tick all that apply):	
<input type="checkbox"/> GP	<input type="checkbox"/> Telephone helpline (screening helpline, NHS Direct etc)
<input type="checkbox"/> Screening Centre / Screening Practitioner	<input type="checkbox"/> A friend or family member
<input type="checkbox"/> Hospital / A&E	<input type="checkbox"/> No-one

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J. How did you receive radiology test results and follow up?

	Yes	No
45. The Screening Centre rang me within seven days of my radiology tests, to discuss my results.	<input type="checkbox"/>	<input type="checkbox"/>
46. I was offered an appointment to go back to the screening centre to talk more about my radiology test results.	<input type="checkbox"/>	<input type="checkbox"/>

If 'Yes' to 46 above.

	Yes	No
47. I took up the appointment to discuss my results.	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
48. I understood what my radiology results meant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

K. How did you feel about your visits to the screening centre (hospital)?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
49. I feel that my privacy was maintained as much as possible during my visits to the hospital (screening centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. I feel I was treated with respect during my visits to the hospital (screening centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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L. Additional comments

If you would like to comment about anything not already covered in this questionnaire, please use the space below.

If this questionnaire has raised an issue about your appointment with the Screening Practitioner, your colonoscopy or your radiology test that you would like to discuss further, please tick the box below. A member of staff from the screening centre will contact you in due course.

Yes, please contact me.

Thank you for taking the time to complete this questionnaire. Please return it in the pre-paid envelope provided.

All replies remain part of your confidential screening record.

We appreciate all returned questionnaires and comments made, as they help us to improve our service.