Day of Colonoscopy Questionnaire

Patient No._____

Today’s Date: ____________
Your age: ____________

Please circle the letter which corresponds to the best answer...

1. What is your gender?
   a. Male
   b. Female

2. What is your race?
   a. White
   b. African American
   c. Hispanic
   d. Asian
   e. Other

3. Is English your primary language?
   a. yes
   b. no

4. Which of the following best describes your education level?
   a. less than high school
   b. high school graduate
   c. college graduate or higher

5. Have you ever discussed colonoscopy with a person who has had the procedure before?
   a. yes
   b. no

6. Prior to your initial office visit, did any doctor ever explain the colonoscopy procedure to you?
   a. yes
   b. no

7. Which bowel preparation did you take?
   a. Full Dose (4 L solution)
   b. Split dose (half the dose in the evening and the other half in the next morning)
c. Halflytely (2 L solution)
d. other

8. Did you watch an educational video about colonoscopy during your initial office visit?
   a. yes
   b. no

9. Did you read the written instructions for colonoscopy preparation which were given to you when you scheduled the procedure?
   a. yes
   b. no

10. What is a colonoscopy?
    a. Careful examination of the large intestine with a lighted fiber optic camera with a flexible tube
    b. Careful examination of the esophagus with a lighted fiber optic camera with a flexible tube
    c. An ultrasound of the large intestine that shows images of the bowel walls
    d. Careful examination of the small bowel intestine with a lighted fiber optic camera with a flexible tube

11. What is the most common reason for a colonoscopy?
    a. To screen for colorectal cancer
    b. To look for infectious agents
    c. To look for an out pouching of the bowel wall

12. What do we look for during a screening colonoscopy?
    a. abnormal growth called polyps
    b. abnormal connection between bowel walls
    c. abnormal bowel out pouching called diverticulosis
    d. internal hemorrhoids that lead to colon cancer

13. What is a polyp?
    a. cancer
    b. abnormal blood vessel
    c. abnormal growth of tissue which may have the potential to turn into cancer over time
    d. hemorrhoid
    e. retained piece of food/meat in the colon

14. Can some polyps turn into colon cancer over time?
    a. yes
    b. no

15. How is colonoscopy useful to prevent Colon Cancer?
    a. to identify and remove suspicious precancerous growths
    b. Inject chemicals to large bowel to prevent cancer
c. it cleans the bowels of abnormal toxins that can lead to colon cancer

16. The day before the colonoscopy procedure, what type of diet should you be on?
   a. Clear liquids diet
   b. pureed diet
   c. regular diet
   d. absolutely no liquid or solid meals for 24 hrs

17. Which of the following is NOT a clear liquid?
   a. cream of wheat
   b. chicken broth
   c. water
   d. strained fruit juice

18. Why is it important to cleanse your bowels completely before a colonoscopy?
   a. to visualize the colon better to identify any polyps or lesions
   b. to relieve pressure before inserting the scope in to the rectum
   c. to prevent gastrointestinal bleeding
   d. to build pressure within the bowel walls for scoping

19. If your colon is not cleaned out well enough, small abnormal lesions may not be seen on examination.
   a. true
   b. false

20. During the procedure if a polyp is found, what is usually done?
   a. remove the polyp immediately through the colonoscope
   b. take a picture and remove it later
   c. take a picture and have the colorectal surgeons remove the polyp
   d. use cryogenic technique to freeze the lesion

21. What do most patients feel after the colonoscopy procedure?
   a. mild cramping and bloating
   b. shortness of breath
   c. severe diarrhea
   d. chest pain

22. After a colonoscopy, are patients allowed to drive home by themselves?
   a. yes
   b. no

23. How often will you need to have a repeat colonoscopy?
   a. never
   b. based on findings of the initial colonoscopy