**BOWEL PREPARATION EXPERIENCE FORM**

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| **Bowel Movement Information** | **Taking bowel preparation is challenging for many people. Please answer the following question to help us understand bowel movements when preparing for a colonoscopy. Your responses will be used to improve the information to help people prepare for colonoscopy.** |

**After the first dose of bowel preparation (the liquid)**

1. How much time after the start of the first dose, did you have your first bowel movement?   
    \_\_\_\_\_\_ hours \_\_\_\_\_ minutes
2. About what time was your first bowel movement after you started taking the first dose of the bowel preparation? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
3. About what time was your last bowel movement before taking the second dose of the bowel preparation (if you had a second dose)? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)

**Bed/Sleep Time:**

1. About what time did you have your last bowel movement before sleep? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
2. About what time did you turn off the lights to go to sleep? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
3. What is your **usual** lights out time? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
4. About how many times did you wake up during the night?   
    Number \_\_\_\_\_\_\_\_\_\_\_\_ or  don’t know.
5. About how many times did you wake up during the night because you felt you had to have a bowel movement?   
    Number \_\_\_\_\_\_\_\_\_\_\_\_ or  don’t know.
6. About how many times do you **usually** wake up during the night?   
    Number \_\_\_\_\_\_\_\_\_\_\_\_ or  don’t know.
7. About what time did you get up for the last time in the morning? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
8. About what time do you usually get up for the last time in the morning? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
9. Approximately how many total number of hours did you sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_(hours)
10. About how many total hours do you **usually** sleep? \_\_\_\_\_\_\_\_\_\_\_\_\_(hours)

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| **Bowel Movement Information** | **Answer this section only if you had a second dose of bowel preparation in the morning** |

**After the second dose of bowel preparation (if you had a second dose in the morning)**

1. How much time after the start of the second dose did you have your first bowel movement? \_\_\_\_\_\_ hours \_\_\_\_\_\_ minutes
2. About what time did you have your first bowel movement after the second dose of the bowel preparation? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)

**Before colonoscopy**

1. How much time before colonoscopy was your last bowel movement? \_\_\_\_\_hours \_\_\_\_\_\_minutes
2. About what time was your last bowel movement before colonoscopy? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)

**Travelling to appointment for colonoscopy:**

1. How much time did it take to get to your appointment? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_mins
2. Did you have to stop for a bowel movement during your travel to the endoscopy clinic/hospital? Yes No

If yes, how many times did you have to stop? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other questions:**

1. In the time period between starting to take the bowel preparation and colonoscopy, did you have one or more times when you had AN URGENT bowel movement?

Yes No

If yes, how many URGENT ONES did you have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. At what time did you have your most urgent bowel movement? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
2. How would you describe your **last** bowel movement before colonoscopy:

clear (like water)  slightly colored (such as urine)   
  Brown color like usual bowel movement  don't know

1. At what time did you have **your first clear bowel movement**? \_\_\_\_\_\_\_\_\_ hh:mm (24hrs)
2. Did you have **any incontinence (accident) episodes** between start of taking first dose of bowel preparation and time of your colonoscopy?

Yes No

If yes, how many times did you have an accident? \_\_\_\_\_\_\_\_\_\_\_  
25. Did you have an accident **during travel** to your appointment? (List number of times, if more than one time during travel. These are very uncommon during travel- we are interested in determining if any occur with the preparation you received).

Yes No

If yes, how many times did you have an accident during travel? \_\_\_\_\_\_\_\_\_\_\_