**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? \_\_\_\_\_\_\_\_\_\_\_