SUPPLEMENTAL FIGURE: Nurse/Technician Assessment Questions Following Study Colonoscopy Procedures

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| --- | --- | --- | --- | --- |
| **Question** | **Location** | **Language** | **Response** | |
| **1** | Lower back | Are you currently experiencing soreness or pain in your lower back due to this procedure? | Yes | **No** |
| **2** | Upper back | Are you currently experiencing soreness or pain in your upper back due to this procedure? | **Yes** | **No** |
| **3** | Neck | Are you currently experiencing soreness or pain in your neck due to this procedure? | Yes | No |
| **4** | Upper extremity | Are you currently experiencing soreness or pain in your upper extremities (including your right and left shoulder, upper arm, elbow, forearm, wrist, hand, or fingers) due to this procedure? | Yes | No |