



Patient Questionnaire

Newcastle ENDOPREM™: Patient Reported Experience Measure for Gastrointestinal Endoscopy







Thank you for agreeing to take part in this survey - we really appreciate you taking the time to complete this questionnaire about your experience of having an endoscopy (camera) test or CT colonoscopy (scan).

Completing the survey

Please fill in this questionnaire for your most recent test.

The survey will take about 10 - 15 minutes to complete. All of the questions are important so please try to answer them all. There are no right or wrong answers - we are just interested in hearing about your experience so we can make improvements to the way we deliver the service.

If you need help filling in the survey you can ask someone to help you.



Section A: Completing this survey

Please answer all of the questions in this section by writing in the boxes or putting a '✓' next to the answer that applies to you.

A1. Please fill in today's date d: m: y:

A2. How long ago was your most recent test? Weeks: Days:

A3. Please fill in your age (in years)

A4. Are you? ☐ Male ☐ Female

A5. How many years of full time education you have completed?

A6. To which of these ethnic groups would you say you belong?

White

(Including English/Welsh/Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller or any other White background) ☐

Mixed/Multiple ethnic groups

(Including White and Black Caribbean, White and Black African, White and Asian or any other mixed/multiple ethnic background) ☐

Asian/British Asian

(Including Indian, Pakistani, Bangladeshi, Chinese or any other Asian background) ☐

Black/African/Caribbean/Black British

(Including Black African, Black Caribbean or any other Black/African/Caribbean background) ☐

Other ethnic group ☐

A7. Please tell us if someone is helping you complete this survey

I am completing this survey by myself ☐

Someone is helping me complete the survey ☐



A8. Which test did you have on this occasion?

Colonoscopy

(Camera or tube inserted through the back passage) ☐

Gastroscopy

(Camera or tube inserted through the mouth into the stomach) ☐

Transnasal Gastroscopy

(Camera/tube inserted through the nose into the stomach) ☐

CT Colonoscopy

(CT scan where a short tube is inserted into the back passage
- done in the x-ray department) ☐

I'm not sure ☐

A9. Have you had another camera test or CT scan in the past?

Yes ☐ No ☐

Excluding your most recent test, please indicate which tests and
how many you have had

Colonoscopy

(Camera or tube inserted through the back passage) ☐ Number

Gastroscopy

(Camera or tube inserted through the mouth into the stomach) ☐ Number

Transnasal Gastroscopy

(Camera/tube inserted through the nose into the stomach) ☐ Number

CT Colonoscopy

(CT scan where a short tube is inserted into the back passage
- done in the x-ray department) ☐ Number

Flexible Sigmoidoscopy

(Camera inserted through the back passage into the last
part of the bowel only - usually only requires an enema) ☐ Number

A10. How were you referred for your most recent test?

I was referred directly by my GP (without seeing a hospital doctor) ☐

The test was organised by a hospital doctor ☐

I have regular tests to monitor a medical condition/
because of my family history ☐

I was referred in another way (please tell us more in the box below) ☐



Section B: Before coming to hospital for your test

In this section we want to find out about the time leading up to your test, before you came to hospital. Please answer all of the questions in this section by putting a '✓' next to the answer that applies to you.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
B1. I was happy with the way I was referred for the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B2. The time from first being referred to having the test done was satisfactory	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B3. I felt able to change the appointment if it didn't suit me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B4. My appointment was cancelled or changed by the hospital					
Yes	<input type="radio"/>	No	<input type="radio"/>	Not sure / can't remember	<input type="radio"/>

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
B5. Before coming for the test, I was given enough information about what the test would involve	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B6. After reading the information, I did not have any questions about the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Before coming for the test:

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

B7. The instructions on what I needed to do before the test were easy to follow ☐ ☐ ☐ ☐ ☐

B8. I had enough time to discuss the test with the person who referred me ☐ ☐ ☐ ☐ ☐

B9. I felt anxious about what the test would involve ☐ ☐ ☐ ☐ ☐

B10. I was made anxious by talking to other people who had previously had the test ☐ ☐ ☐ ☐ ☐

Before coming for the test:

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

B11. I felt anxious about the results of the test ☐ ☐ ☐ ☐ ☐

B12. I expected to experience discomfort during the test ☐ ☐ ☐ ☐ ☐

B13. I expected to experience pain during the test ☐ ☐ ☐ ☐ ☐

B14. I was worried that inserting the tube/camera would cause discomfort ☐ ☐ ☐ ☐ ☐



Section C: Preparing for your test

In this section we would like to know about your experience of preparing for the test. Please answer all of the questions in this section by putting a '✓' next to the answer that applies to you.

Please ONLY complete this section if you had a colonoscopy or CT colonoscopy.
If you had a different test, please go to Section D

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
C1. The bowel preparation had an unpleasant taste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C2. The bowel preparation tasted better than I had expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C3. The volume (<i>amount</i>) of the bowel preparation was more than I had expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C4. The amount of bowel preparation I had to drink was manageable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C5. I was worried that the bowel preparation would not clear my bowel properly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C6. I had enough privacy when getting ready for the test (<i>eg when changing clothes</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please go to [section D](#)



Section D: At the hospital, before the test

In this section we would like to know about your experience of arriving at the hospital, getting ready and waiting for the test. Please complete ALL of the remaining sections of this survey, regardless of what test you had by putting a '✓' next to the answer that applies to you.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
D1. The length of time I waited in the department was acceptable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D2. I was comfortable while sitting in the waiting area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D3. I felt able to ask the staff any questions before the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D4. I had no unanswered questions before the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D5. I had enough privacy when waiting for the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D6. I had enough privacy when moving from the waiting area to the procedure room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Section E: During the test

In this section we would like to know about your experience of the test, from arriving in the procedure room until it was time to leave the procedure room. Please answer by putting a '✓' next to the answer that applies to you.

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
E1. During the test my dignity was maintained at all times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E2. I felt free to choose what medication to take (eg sedative, no medication)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E3. The medication worked as well as I had expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	I did not have any medication <input type="radio"/>				
E4. I would have preferred the person doing the test (inserting the tube or camera) to be:					
Male <input type="radio"/>	Female <input type="radio"/>	I have no preference <input type="radio"/>			
E5. The person doing the test was:					
Male <input type="radio"/>	Female <input type="radio"/>				
	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
E6. I felt confident that the person doing the test knew what they were doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E7. The person doing the test did their best to put me at ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



		Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
E8.	The other staff in the test room did their best to put me at ease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E9.	I was satisfied with the explanation given to me about the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E10.	The person doing the test addressed any concerns I had	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E11.	I felt I could stop the test if it became too uncomfortable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E12.	I felt embarrassed during the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E13.	The test took longer than I expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E14. How would you rate the level of discomfort you experienced during the test?

Please circle a number below:

No discomfort	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>	<input type="text" value="7"/>	<input type="text" value="8"/>	<input type="text" value="9"/>	<input type="text" value="10"/>	Worst discomfort imaginable
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E15. How long did the discomfort last during the test?

I didn't have discomfort	A short time	A moderate time	A long time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E16. How many times did you experience discomfort during the test?

None	1 or 2 times	3 or 4 times	More than 4	Constantly
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Section E: During the test *continued...*

E17. How would you rate the level of pain you experienced during the test?

Please circle a number below:

No pain	0	1	2	3	4	5	6	7	8	9	10	Worst pain imaginable
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E18. How long did the pain last during the test?

I didn't have pain

☐

A short time

☐

A moderate time

☐

A long time

☐

E19. How many times did you experience pain during the test?

None

☐

1 or 2 times

☐

3 or 4 times

☐

More than 4 times

☐

Constantly

☐

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

E20. Overall, I experienced more discomfort than I expected during the test

☐
☐
☐
☐
☐

E21. Overall, I experienced more pain than I expected during the test

☐
☐
☐
☐
☐

E22. I felt embarrassed by the discomfort I experienced

☐
☐
☐
☐
☐

E23. I felt embarrassed by the pain I experienced

☐
☐
☐
☐
☐



Section F: After the test

In this section we would like to know about your experience after the test including the results, if you've had them. Please answer by putting a '✓' next to the answer that applies to you.

After the test:	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
F1. I was satisfied by the explanation given to me by the person doing the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F2. I had discomfort after the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F3. It took longer than I expected to recover from the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F4. I was worried about the test results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F5. Have you received the results of your test? <i>(Please tick all that apply)</i>					
Yes, I have received all of my test results					<input type="radio"/>
Yes, I have received some of my test results					<input type="radio"/>
No					<input type="radio"/>



Section F: After the test *continued...*

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree
F6. When I left the hospital, I was clear about what the next steps would be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F7. I was happy with the way I received the results of my test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<i>I do not have my results</i> <input type="radio"/>
F8. I received the results of my test sooner than I had expected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					<i>I do not have my results</i> <input type="radio"/>



Section G: Overall experience

In this section we would like to know how you feel now about your overall experience. Please answer by putting a '✓' next to the answer that applies to you.

After the test:

Strongly agree
Agree
Neither agree or disagree
Disagree
Strongly disagree

G1. Overall I was satisfied with my experience of the test

☐ ☐ ☐ ☐ ☐

G2. If there is something else you would like to tell us about your test, please use the space below.

Please return the survey by post using the envelope provided within two weeks

Thank you for taking the time to complete this survey

This questionnaire was developed by Laura Neilson, Colin Rees, Linda Sharp, Joanne Patterson, Christian Von Wagner and Paul Hewitson in collaboration with South Tyneside and Sunderland NHS Foundation Trust and Newcastle University.

