Komplex Népegészségügyi Szűrések
EFOP-1.8.1-VEKOP-15-2016-00001

Patient Satisfaction Questionnaire

(https://bit.ly/36F9meB)

Survey of patient experiences with screening colonoscopy. We are delighted with your health awareness and your participation in the organized colorectal screening programme. To support our work, we invite you to complete the following questionnaire. Please answer based on your own experience. Participation is completely voluntary, and all responses are anonymous.

1. Gender:
   - ☐ Male
   - ☐ Female

2. Age:
   - ☐ 50-53
   - ☐ 54-57
   - ☐ 58-61
   - ☐ 62-65
   - ☐ 66-70

3. Type of permanent residence
   - ☐ Budapest (Capitol city)
   - ☐ County capital/Large town
   - ☐ Small town
   - ☐ Village

4. How satisfied were you with the information your family doctor provided before your colonoscopy—both about the procedure itself and about the preparation steps?
   (Please rate your answer on a scale from 1 to 5, where 1 means 'insufficient information' and 5 means 'very comprehensive information'.)

1	2	3	4	5

5. Do you have any questions about the screening colonoscopy that you would like to discuss with a specialist at the endoscopy unit?
   - ☐ Yes
   - ☐ No

6. Before your colonoscopy, did you have the opportunity to ask questions to the endoscopy staff?
   - ☐ Yes
   - ☐ No

7. Before your screening colonoscopy, how helpful were the answers you received from the gastroenterology staff in addressing your questions and preparing for the procedure?
   (Please rate your answer on a scale from 1 to 5, where 1 means 'not helpful information' and 5 means 'very helpful information'.)

1	2	3	4	5

8. Did the specialist performing your screening colonoscopy explain clearly how the procedure would be carried out?
   - ☐ Yes
   - ☐ No

9. How would you rate the communication skills of the specialist who provided you with information (e.g., friendliness, clarity, empathy)?
   (Please rate your answer on a scale from 1 to 5, where 1 means 'very poor' and 5 means 'excellent'.)

1	2	3	4	5

10. How would you rate the performance of the procedure (in terms of the staff's experience and proficiency)?
    (Please rate your answer on a scale from 1 to 5, where 1 means 'very poor' and 5 means 'excellent'.)

1	2	3	4	5

11. How would you rate the communication skills of the other staff members you interacted with in the gastroenterology unit (e.g., friendliness, clarity, empathy)?
    (Please rate your answer on a scale from 1 to 5, where 1 means 'very poor' and 5 means 'excellent'.)

1	2	3	4	5

12. Were you provided with anesthesia before the start of the procedure?
    - ☐ Yes, sedation
    - ☐ Yes, general anesthesia
    - ☐ No

13. How uncomfortable or painful was the screening colonoscopy?
    (Please rate your answer on a scale from 1 to 5, where 1 means 'very painful' and 5 means 'painless'.)

1	2	3	4	5

14. After the procedure, how thoroughly and clearly were the results explained to you?
    (Please rate your answer on a scale from 1 to 5, where 1 means 'not explained at all' and 5 means 'explained thoroughly'.)

1	2	3	4	5

15. Did the endoscopist who performed the procedure explain the results to you?
    - ☐ Yes
    - ☐ No

16. During the post-procedure consultation, did you get answers to all the questions you had?
    (Please rate your answer on a scale from 1 to 5, where 1 means 'did not get any answers' and 5 means 'got answers to all my questions'.)

1	2	3	4	5

17. How satisfied were you with the quality of the recovery room?
(Please rate your answer on a scale from 1 to 5, where 1 means 'very uncomfortable' and 5 means 'very comfortable'.)

1	2	3	4	5

18. Overall, how satisfied were you with the screening colonoscopy?
(Please rate your answer on a scale from 1 to 5, where 1 means 'dissatisfied' and 5 means 'very satisfied'.)

1	2	3	4	5

19. If you needed this procedure again in the future, would you like to be treated by the same doctor who performed your current examination?
(Please rate your answer on a scale from 1 to 5, where 1 means 'would not like' and 5 means 'would very much like'.)

1	2	3	4	5

20. Overall, how would you rate the examination center (staff, facilities, environment, information materials, etc.)?
(Please rate your answer on a scale from 1 to 5, where 1 means 'very poor' and 5 means 'excellent'.)

1	2	3	4	5

21. In which county was your colonoscopy performed?

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22. Do you need any further examinations (e.g., gastroscopy, repeat colonoscopy, CT scan, etc.)?
- ☐ Yes
- ☐ No

23. Please briefly share any additional comments you have regarding the screening colonoscopy!

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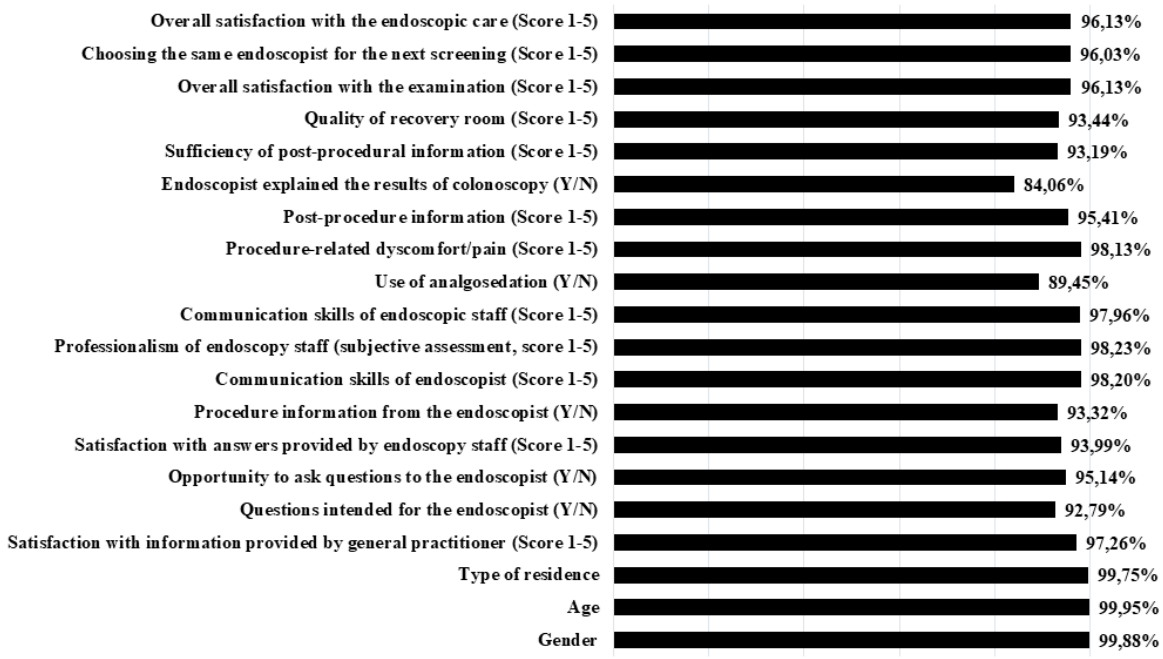
24. Date of screening colonoscopy:

25. Date of questionnaire completion:



Supplementary Figure 1 Response rates of the 20 survey questions evaluated in the study.