**Appendix – Questionnaire questions (Translated from Danish)**

**Nurse baseline**

1. Report the cleanliness of the bowel. Choose from the 4 following statements.
   1. Complete
   2. Almost complete
   3. Moderate
   4. Not acceptable
2. How many milligrams of Pethidine were used during the procedure?
3. How many milligrams of Midazolam were used during the procedure?
4. How long did the procedure last (minutes)?
5. Was the colonoscopy complete? (Was the caecum reached?)

**Patient baseline**

1. Patient’s sex: Male or female?
2. What was the indication for your colonoscopy?   
   Options: Abdominal pain, diarrhoea, changes in defecation habits, blood in stool, family history of bowel cancer, screening programme, follow-up after previous endoscopy, weight loss, low blood percentage.
3. On a scale from 0 – 100, how much did you fear the colonoscopy?
4. On a scale from 0 – 100, how painful was the bowel preparation?
5. Did you feel that your bowel was clean before the procedure? Options: Clean, almost clean, moderately clean, not clean.
6. Did you experience nausea during the bowel preparation?
7. Did you vomit during the bowel cleaning?
8. On a scale from 0 – 100, how much pain did you experience during the colonoscopy?
9. Do you take any anticoagulant medication (blood thinners)? If yes: specify the name of the medication.

**24 hours**

1. How would you describe your defecation pattern after the colonoscopy? Options: Normal, with blood, fluid-like, hard, have not had defecation yet, other.

(Q 2-9: participants could answer No / Yes / Yes, but this symptom was present before the colonoscopy as well).

1. Do you feel bloated?
2. Do you feel nauseated?
3. Have you vomited?
4. Do you feel abdominal discomfort?
5. Do you feel abdominal pain? If yes, how much on a scale from 0-100?
6. Did you experience a headache?
7. Did you have a rash?
8. Did you have a fever?
9. Did you experience other symptoms than those mentioned above after the colonoscopy? If yes, describe which symptoms.
10. Are you ready to resume your work? If not, state how many days you expect to be on sick leave.

**30 days**

1. Did you go on sick leave from work after the colonoscopy? If yes, how many days?
2. Have you returned to daily activities in the same manner as before the colonoscopy?
3. Do you still experience pain from the colonoscopy? If yes, how much on a scale from 1-100?
4. Do you feel bloated? If yes, did you also feel bloated before the colonoscopy?
5. Have your stool habits changed after the colonoscopy? If yes – more hard or loose, elaborate?
6. Did you experience worrisome bleeding from the bowel after the colonoscopy? If yes, did you also experience bleeding before the colonoscopy?
7. Did you experience other symptoms in the days after the colonoscopy? If yes, state which symptoms.
8. Were you admitted to the hospital because of the colonoscopy? If yes, state how many days.
9. Did you consult your general practitioner because of symptoms caused by the colonoscopy?