Patient experience questionnaire content

| Regarding Small bowel MRI (In this scan you were given a large drink beforehand. The scan takes about half an hour and you lie down in a tube (MRI scanner) sometimes with headphones on) | | | | | | | |
|--|--------------------------|------------------------------------|-------------------------|-------------------------------|--|--|--|
| Have you had this t | est? | | Yes | No Not sure | | | |
| | | | | | | | |
| If you have not had | this test please skip | this section | | | | | |
| How acceptable did | d you find this test? | | | | | | |
| Not at all acceptable | Slightly acceptable | Fairly acceptable | Very acceptable | I did not have this test | | | |
| | | | | | | | |
| Overall, which of the following was the LEAST acceptable aspect (or worst bit) of each of this test? Please tick just ONE option. | | | | | | | |
| Claustrophobia | Lying still | Lots of breath holding | Noise | The time it took | | | |
| | | | | | | | |
| The need to have injections | How uncomfortable it was | Drinking the fluid before the test | Fasting before the test | Having to wait for the result | | | |
| | | | | | | | |
| It was all fine | | | | | | | |
| | | | | | | | |
| Other, please specify | y | | | | | | |
| Please indicate bel | ow how long you felt | it took before you we | ere fully recovered. | | | | |
| Immediately | Up to 30 minutes | Up to 2 hours | Up to 4 hours | Up to 6 hours | | | |
| | | | | | | | |
| Up to 1 day | Up to 2 days | Up to 3 days | A week | | | | |
| | | | | | | | |
| Would you agree to | have this test again | if necessary? | Yes | No Not sure | | | |
| | | | | | | | |

THINKING ABOUT THE SMALL BOWEL MRI THAT YOU HAD (In this scan you were given a large drink beforehand. The scan takes about half an hour and you lie down in a tube (MRI scanner) sometimes with headphones on)

For each word or statement below, please tick (\square) the box on the scale which best describes your experience of the test. Please begin by looking at the example below.

| | | | | EXAMPLE | I | | | |
|--|--------------|-----------|-----------|-------------------|--------------|--------------|-------------|--|
| FOR EXAMPLE: If yo | ou felt that | time we | ent slowl | y you migl | nt tick the | scale like t | his | |
| Time went slowly | ✓ | | | | | | | Time went quickly |
| Or if you felt that tim | e went ne | ither slo | wly nor | quickly yo | ou might tid | ck the scal | e like this | |
| Time went slowly | | | | | | | | Time went quickly |
| | | Nov | w please | answer t | he followi | ng | | |
| Felt out of control | | | | | | | | Felt in control |
| Worried | | | | | | | | Not worried |
| Uncomfortable | | | | | | | | Comfortable |
| I was not interested | | | | | | | | I was interested |
| Loss of modesty | | | | | | | | No loss of modesty |
| The noise of the scanner unbearable | | | | | | | | The noise of the scanner was fine |
| Difficult to do what was required | | | | | | | | Easy to do what was required |
| Agitated | | | | | | | | Calm |
| Not confident in staff | | | | | | | | Confident in staff |
| Tired afterwards | | | | | | | | Not tired afterwards |
| The need to repeatedly hold my breath was unbearable | | | | | | | | The need to repeatedly hold my breath was fine |
| A bad experience | | | | | | | | A good experience |

| I was not pleased with how it went | | | | I was pleased with how it went |
|--|--|--|--|--|
| The time the scan took was unbearable | | | | The time the scan took was fine |
| Claustrophobic | | | | Not claustrophobic |
| Did not understand what was happening | | | | Understood what was happening |
| I was worried about what they would find | | | | I was not worried about what they would find |
| I was confused | | | | I was not confused |
| I felt puzzled | | | | I did not feel puzzled |
| Undignified | | | | Dignified |
| The injections needed for the scan were unbearable | | | | The injections need for the scan were fine |
| Dissatisfied | | | | Satisfied |
| Undesirable side effects | | | | No undesirable side effects |
| Not enough privacy | | | | Enough privacy |
| Hard to cope with | | | | Easy to cope with |
| The need to lie still for the scan was unbearable | | | | The need to lie still for the scan was fine |
| Severe abdominal bloating | | | | No abdominal bloating |
| Severe diarrhoea | | | | No diarrhoea |
| Severe nausea | | | | No nausea |
| Severe vomiting | | | | No vomiting |
| Severe sleep difficulties | | | | No sleep difficulties |

| Regarding Small bowel ultrasound (In this scan you were NOT given a large drink beforehand. Afterwards the doctor puts jelly on your abdomen and images are taken using a probe on the skin) | | | | | |
|---|------------------------|-------------------------------|--------------------------|----------|-------------------|
| Have you had this te | est? | | Yes | No | Not sure |
| | | | | | |
| If you have not had | this test please skip | this section | | | |
| How acceptable did | you find this test? | | | | |
| Not at all acceptable | Slightly acceptable | Fairly acceptable | Very acceptable | l did n | ot have this test |
| | | | | | |
| Overall, which of the Please tick just ONE | _ | EAST acceptable as | pect (or worst bit) o | f each o | of this test? |
| Lying still | Lots of breath holding | Abdominal compression | How uncomfortable it was | The | e time it took |
| | | | | | |
| Fasting before the test | It was all fine | Having to wait for the result | | | |
| | | | | | |
| Other, please specify | | | | | |
| Please indicate belo | w how long you felt | it took before you we | ere fully recovered. | | |
| Immediately | Up to 30 minutes | Up to 2 hours | Up to 4 hours | Up | to 6 hours |
| | | | | | |
| Up to 1 day | Up to 2 days | Up to 3 days | A week | | |
| | | | | | |
| Would you agree to | have this test again | if necessary? | Yes | No | Not sure |
| | | | | | |

THINKING ABOUT THE SMALL BOWEL ULTRASOUND SCAN THAT YOU HAD (In this scan you were NOT given a large drink beforehand. Afterwards the doctor puts jelly on your abdomen and images are taken using a probe on the skin)

For each word or statement below, please tick (\square) the box on the scale which best describes your experience of the test. Please begin by looking at the example below.

| | | | E | XAMPLE | | | | |
|--|--------------|-----------|----------|-------------------|------------|---------------|--------------|--|
| FOR EXAMPLE: If yo | ou felt that | time we | nt slowl | y you migh | nt tick tl | he scale lil | ce this | |
| Time went slowly | V | | | | | | | Time went quickly |
| Or if you felt that tim | e went ne | ither slo | wly nor | quickly yo | ou migh | nt tick the s | cale like tl | his |
| Time went slowly | | | | | | | | Time went quickly |
| | | Now | please a | answer the | e follov | ving | | |
| Felt out of control | | | | | | | | Felt in control |
| Worried | | | | | | | | Not worried |
| Uncomfortable | | | | | | | | Comfortable |
| I was not interested | | | | | | | | I was interested |
| Loss of modesty | | | | | | | | No loss of modesty |
| The pressure of the probe was unbearable | | | | | | | | The pressure of the probe was fine |
| Difficult to do what was required | | | | | | | | Easy to do what was required |
| Agitated | | | | | | | | Calm |
| Not confident in staff | | | | | | | | Confident in staff |
| Tired afterwards | | | | | | | | Not tired afterwards |
| The need to repeatedly hold my breath was unbearable | | | | | | | | The need to repeatedly hold my breath was fine |
| A bad experience | | | | | | | | A good experience |

| I was not pleased with how it went | | | | I was pleased with how it went |
|---|--|--|--|--|
| The time the scan took was unbearable | | | | The time the scan took was fine |
| Did not understand what was happening | | | | Understood what was happening |
| I was worried about what they would find | | | | I was not worried about what they would find |
| I was confused | | | | I was not confused |
| I felt puzzled | | | | I did not feel puzzled |
| Undignified | | | | Dignified |
| Dissatisfied | | | | Satisfied |
| Not enough privacy | | | | Enough privacy |
| Hard to cope with | | | | Easy to cope with |
| The need to lie still for the scan was unbearable | | | | The need to lie still for the scan was fine |
| Severe abdominal bloating | | | | No abdominal bloating |
| Severe diarrhoea | | | | No diarrhoea |
| Severe nausea | | | | No nausea |
| Severe vomiting | | | | No vomiting |
| Severe sleep difficulties | | | | No sleep difficulties |

| If you had to have JUST ONE of the tests small bowel MRI or small bowel ultrasound (US) again which one would you prefer? Please circle or underline the one you would choose. | | | | | | |
|--|----|----------------|--|--|--|--|
| Small bowel MRI | OR | Small bowel US | | | | |

| Thinking about the investigations/ were the following things to you? | tests yo | u have h | nad - how | ' IMPOR | TANT |
|--|----------------------|------------------------|----------------------|----------------|---------------------|
| | Not at all important | A little bit important | Moderately important | Very important | Extremely important |
| The number of tests you needed to have before you knew what your full diagnosis was | | | | | |
| If there was more than one treatment, the number of tests you needed before doctors could choose the best treatment to help your condition/ cure your symptoms | | | | | |
| How long you had to wait to get a full diagnosis | | | | | |
| If there was more than one treatment, how long you had to wait because of tests before doctors could choose the best treatment to help your condition/ cure your symptoms | | | | | |
| How accurate the result of the test was (i.e. how good the test was in getting the full and correct diagnosis) | | | | | |
| How long the test took (for example 10 mins or 1 hour) | | | | | |
| How claustrophobic the test was | | | | | |
| How uncomfortable the test was | | | | | |
| If you had to hold your breath lots of times for the test | | | | | |
| If you had to lie very still for the test | | | | | |
| The need to prepare for the test by fasting (not eating) | | | | | |

| How embarrassing it was to do the test | | | |
|--|--|--|--|
| How painful it was to do the test | | | |
| How noisy the test was | | | |
| Whether you needed to be sedated (with drugs to make you sleepy) during the test | | | |
| How sore it made you after the test | | | |
| How much privacy you had during the test | | | |
| How tired you felt after the test | | | |
| Whether you suffered nausea/ vomiting after the test | | | |
| Whether you felt faint or dizzy after the test | | | |
| How frightening it was to do the test | | | |
| Whether you were exposed to X-Ray radiation as a result of having the test | | | |
| If you had to drink a large volume of liquid before the test | | | |
| If pressure was applied to your abdomen by the person during the test | | | |
| Being able to ask about the results straight after the test | | | |
| | | | |