**Appendix: Online Survey Questions**

* Do you have a family history of colon cancer?  
  (Yes/No)
* What is the reason for your colonoscopy procedure?  
  (Routine screening/Diagnostic screening)
* Is this your first colonoscopy?  
  (Yes/No)
* Which one of these bowel cleansing medications did you use for a prior colonoscopy? Select all that apply. You must select at least one.  
  (Suprep®/MoviPrep®/Prepopik®/Clenpiq®/GoLYTELY®/Another 4-liter bowel cleansing solution/OTC medication [such as MiraLAX®]/Another prescription medication/I don't remember)
* How did you take Plenvu?  
  (2-day split dose/Same-day morning of the colonoscopy)
* Did you use the instruction sheet that came with the Plenvu packaging to help you complete the dose?  
  (Yes/No)
* How much of the regimen did you complete?  
  (Entire/Most/At least half/Less than half)
* How easy was it for you to prepare and take Plenvu?  
  (Choose any number from 1 to 9, with 1 being very difficult and 9 being very easy.)
* How important is it to you that using Plenvu required only 64 ounces of total solutions?  
  (Choose any number from 1 to 9, with 1 being not important at all and 9 being very important.)
* How important is it to you that Plenvu can be taken with your choice of clear liquids?  
  (Choose any number from 1 to 9, with 1 being not important at all and 9 being very important.)
* How satisfied were you with the taste of Plenvu?  
  (Choose any number from 1 to 9, with 1 being not satisfied at all and 9 being very satisfied.)
* How satisfied were you with Plenvu, overall?  
  (Choose any number from 1 to 9, with 1 being not satisfied at all and 9 being very satisfied.)
* How satisfied are you with your healthcare provider for having prescribed Plenvu?  
  (Choose any number from 1 to 9, with 1 being not at all satisfied and 9 being very satisfied.)
* How has your experience with Plenvu compared to the other bowel cleansing medication(s) you previously used?  
  (Much better/Better/About the same/Worse/Much worse)
* Would you be willing to recommend Plenvu to family/friends?  
  (Yes/Maybe/No)
* Would you recommend others planning to have a colonoscopy speak with their healthcare provider about Plenvu?  
  (Yes/Maybe/No)
* Do you think participating in this program will help you better communicate with your healthcare provider about your condition and your treatment experience?  
  (Yes/Maybe/No)
* What motivated you most to participate in this program?  
  (To provide more information to my healthcare provider/Because my healthcare provider   
  asked me to/The $20 Amazon.com gift card/Another reason)
* Would you participate in a program like this again?  
  (Yes/Maybe/No)