

## Appendix 1

### Questionnaire

The following questionnaire aims to investigate the presence of non-specific gastrointestinal symptoms and symptoms suggesting diverticulosis colonic. The results of the questionnaire will then be used for scientific studies, in an absolutely anonymous and confidential form.

Patient n. \_\_\_\_\_

Name \_\_\_\_\_

Surname \_\_\_\_\_

A) Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

B) Gender: [M]                      [F]

C) High (cm): \_\_\_\_\_

Weight (kg): \_\_\_\_\_

D) Have you ever performed a colonoscopy / barium enema or CT colonography?

[No]

[Yes]: Why? \_\_\_\_\_

Results? \_\_\_\_\_

E) Have you ever performed a fecal occult blood test?

[No]

[Yes]: Results? \_\_\_\_\_

F) Have you ever performed an abdominal ultrasound?

[No]

[Yes]: Results? \_\_\_\_\_

G) Have you ever been submitted to an abdominal surgery ?

[No]

[Yes]: why? \_\_\_\_\_

H) Please report which of the following symptoms you complained for more than 7 days (even not consecutive) in the last year requiring, visit or any treatment (including OTC)

1. **Abdominal pain**      [Yes]      [No]

2. **Bloating**                      [Yes]      [No]

3. **Diarrhea**                      [Yes]      [No]

4. **Constipation**                      [Yes]      [No]