

Supplemental Table 1. Overview of Questionnaire				
Topic	Question No.	Items and scoring	Reference	Supplementary description
Front-page, explanation			Based on Bevolkingsonderzoek & Gfk ¹	Letter type (Arial) suitable for individuals with low literacy.
Introduction	1	<i>You received an appointment for an internal bowel examination from the national population screening for bowel cancer. Did you subsequently undergo this bowel examination?</i>	Items are self-developed	Addresses if respondent has had colonoscopy inside of screening program.

		1 (2 point: yes/no)		
	2	<p><i>Did you undergo an internal bowel examination outside of the national population screening for bowel cancer?</i></p> <p>1 (4 point: No, via GP, via specialist or other way - specified)</p>		If no, addresses if colonoscopy took place outside of program and outcome of colonoscopy.
	3	<p><i>Are you planning to have an internal bowel examination done within 6 months?</i></p> <p>1 (3 point: Yes, no, I don't know (yet))</p>		If no colonoscopy: addresses if there are plans for colonoscopy.

Reasons not to undergo colonoscopy	4	<i>What are your most important reasons for not undergoing the internal bowel examination?</i>	Items are self-developed, based on interviews.	Addresses reasons not to undergo colonoscopy
Reasons to undergo colonoscopy	5	1 (open question) <i>What are your most important reasons for undergoing the internal bowel examination?</i> 1 (open question)	Items are self-developed, based on interviews.	Addresses reasons to undergo colonoscopy
Physical complaints	6	<i>This question is about the period in which you received the letter with the test result of the stool test. Did you have any of the following complaints in that period?</i> <i>Visible blood in the stool</i> <i>The urge to produce stool without being able too, or the feeling that the bowel is not completely emptied</i>	Based on information by the MaagLeverDarm Stichting ² and advice from Evelien Dekker. Likert scale based on Limesurvey example	7 original items, 5 most indicative for CRC were selected.

		<p>2 (5 point: daily to never)</p> <p><i>This question is about the period in which you received the letter with the test result of the stool test. Did you have the following complaints in that period?</i></p> <p><i>Different stools than normal, for several weeks</i></p> <p><i>Unexplained weight loss</i></p> <p>5 (5 point: Extremely to not at all)</p>	<p>Likert scale based on S. Brown (2010)³</p>	
Alternative explanation blood in stool	7	<p><i>Think back to the time you received the letter with the test result of the stool test. Did you yourself, at that time, have an explanation for the blood that was</i></p>	<p>Item is self-developed, based on interviews.</p>	<p>Addresses if respondent had an alternative explanation for the blood found in the stool</p>

		<p><i>Did these medical problems claim so much of your attention that the unfavourable test result of the stool test was less important for you?</i></p> <p>1 (2 point: yes or no)</p>	Based on Llovet, Plumb and interviews. ^{5, 6}	Addresses if these issues took priority.
Treatment by alternative therapist	11	<p><i>Think back to the time you received the letter with the test result of the stool test. Where you at that time in the care of an alternative practitioner or healer?</i></p> <p>1 (2 point: yes or no)</p>	Item is self-developed, based on interviews.	Addresses if respondent was under alternative medical treatment
Under medical supervision for bowel related issues	12	<p><i>Think back to the time you received the letter with the test result of the stool test. Where you then in the care of a medical professional for a bowel-related condition?</i></p>	Item is self-developed, based on interviews.	Addresses if the respondent was under medical supervision for colorectal issues.

		1 (5 point: GP, Specialist, alternative healer, no, don't know/no answer, someone else - specify)		
Self-efficacy	13	<p><i>To what extent do you agree with the following statement?</i></p> <p><i>"I am certain that I will undergo an internal bowel examination in the future when my doctor and I think its necessary. Even if this is painful or embarrassing."</i></p> <p>1 (4 point: completely disagree, disagree a little, agree a little, completely agree)</p>	<p>Based on Douma.⁷</p> <p>Derived from Schwarzer and Fuchs.⁸</p> <p>Likert scale English translation based on Brown.³</p>	Addresses the belief in the ability to succeed in undergoing colonoscopy
Past experience with colonoscopy	14	<i>Have you ever had an internal bowel examination before your participation in the population screening for bowel cancer?</i>	Item is self-developed, based on interviews.	Addresses if respondent had a colonoscopy before participating in CRC screening.

	15	<p>1 (2 point: yes or no)</p> <p><i>How did you feel about having this internal examination with regard to:</i></p> <p><i>The preparation</i></p> <p><i>Pain during the examination</i></p> <p><i>Embarrassment</i></p> <p>3 (4 point: Very tolerable, A bit tolerable, Not tolerable, Not tolerable at all)</p>	<p>Item is derived from Douma⁷</p>	<p>Addresses previous experience with colonoscopy, specifically the preparations, pain and embarrassment.</p>
Experience of others with colonoscopy	16	<p><i>Do you know anyone who has had an internal bowel examination?</i></p>	<p>Item is self-developed, based on interviews.</p>	<p>Addresses if people in direct social environment underwent colonoscopy</p>

	17	<p>1 (2 point: yes or no)</p> <p><i>What did this person or persons think of the internal bowel examination?</i></p> <p>3 (5 point: Very tolerable, A bit tolerable, Undecided, A bit intolerable, Very intolerable)</p>	Item is derived from Douma ⁷	Addresses how unpleasant their experiences were
	18	<p><i>Did the experiences of others influence your decision to undergo or refuse the internal bowel examination?</i></p> <p>1 (2 point: yes or no)</p>	Item is self-developed, based on interviews.	Addresses if respondent was influenced by other peoples experiences.
History of cancer	19	<p><i>Have you ever been diagnosed with cancer?</i></p> <p>1 (3 point: yes, CRC – yes, other cancer, no)</p>	Item is self-developed, based on interviews.	Addresses personal history of cancer

GP contact	20	<p><i>Have you discussed the unfavourable test result of the stool test in the population screening for bowel cancer with your family physician (huisarts)?</i></p> <p>1 (2 point: yes or no)</p>	Item is self-developed, based on interviews.	Addresses if respondent had contact with their GP to talk about FIT+
Advice from others	21	<p><i>Has anyone recommended AGAINST having the internal bowel examination?</i></p> <p>1 (2 point: yes or no)</p>	Items are self-developed, derived from interviews.	Addresses if respondent received advice against colonoscopy
	22	<p><i>Choose all answers that apply. The person who recommended against having an internal bowel examination was:</i></p> <p>1 (9 points: partner, GP, specialist, alternative healer, nurse, during intake, family, friend or other)</p>		Addresses who advised against colonoscopy

	23	<p><i>Choose all answers that apply. The reason I was recommended not to undergo an internal bowel examination was:</i></p> <p>1 (11 point: previous colonoscopy, small chance of CRC, colonoscopy is unpleasant, colonoscopy is dangerous, other explanation for blood, the population screening is not to be trusted, during colonoscopy, only polyps will be found, the result of FIT is unreliable, I'm seriously ill, colonoscopy is impossible for medical reasons, other, namely...)</p>		Addresses reasons to advice against colonoscopy
	24	<p><i>Has anyone recommended IN FAVOUR of having an internal bowel examination?</i></p> <p>1 (2 point: yes or no)</p>		Addresses if respondent received advice in favour of colonoscopy

	25	<p><i>Choose all answers that apply. The person who recommended in favour of having an internal bowel examination was:</i></p> <p>1 (9 points: partner, GP, specialist, alternative healer, nurse, during intake, family, friend or other, namely...)</p>		Addresses who advised in favour of colonoscopy
Normative beliefs of others	26	<p><i>Below are two statements about participating in the population screening for bowel cancer. Please indicate to what extent you agree with each statement by ticking the box below your answer. There is no right or wrong answer.</i></p> <p><i>I think my loved ones would want me to undergo the internal bowel examination</i></p>	Derived from Tacken et al. ⁹ Likert scale based on Brown. ³	Items that measure the expectation of the normative believe of others are derived from Tacken et al: the belief that the partner thinks participant should get screening and the belief the GP thinks the participant should get screened.

		<p><i>I think my family physician (huisarts) would want me to undergo the internal bowel examination</i></p> <p>2 (5 point: strongly agree, agree, undecided, disagree strongly disagree)</p>		
Experience with intake	<p>27</p> <p>28</p>	<p><i>The appointment that takes place before the internal bowel examination is called the intake. Have you been to the intake?</i></p> <p>1 (2 point: yes or no)</p> <p><i>During this intake, did you have:</i></p> <p><i>Sufficient opportunity to discuss any concerns?</i></p> <p><i>Sufficient opportunity to ask questions?</i></p> <p><i>Sufficient opportunity to discuss your options?</i></p>	Item are self-developed, based on interviews.	<p>Addresses is respondent went to intake.</p> <p>Addresses if respondent had opportunity to discuss worries, ask questions and discuss options during the intake.</p>

		3 (2 point: yes, enough and no, not enough)		
Other intake location	29	<p><i>During the intake, were you referred to another location (clinic or hospital) because the internal bowel examination could not take place at the location of the intake?</i></p> <p>1 (2 point: yes or no)</p>	Items are self-developed, derived from interviews.	Addresses if respondent was referred to other location during intake.
	30	<p><i>Was this because you would need more specialized care than was possible at the location of the intake?</i></p> <p>1 (2 point: yes or no)</p>		Only if Q29 =yes.

CRC diagnosis the previous year	31	<p><i>Were you diagnosed with bowel cancer in the past year?</i></p> <p>1 (2 point: yes or no)</p>	Item is self-developed	Assesses if respondent needs to fill in Q 38-40. If CRC diagnosis > skip Q 32-40.
Cancer-specific distress	32-37	<p><i>In the time since the unfavourable test result of the stool test in the population screening for bowel cancer:</i></p> <p><i>How often have you thought about your risk of getting bowel cancer?</i></p> <p><i>How often have these thoughts affected your mood?</i></p> <p><i>How often have these thoughts interfered with your daily activities?</i></p>	Based on Lerman et al. ¹⁰ and Douma. ⁷	Addresses worries about developing cancer and influence of worries on daily life.

		<p><i>How often were you concerned about the possibility of getting bowel cancer at some point in your life?</i></p> <p><i>How often have you worried about developing bowel cancer?</i></p> <p><i>How much of a problem was this worry?</i></p> <p>6 (4 point: almost never, sometime, often, almost always)</p>		
Risk perception	38	<p><i>What did you think of your chance of having bowel cancer after receiving the unfavourable result of the stool test?</i></p> <p>1 (7 points: almost zero – almost sure)</p>	Derived from Weinstein et al ¹¹	According to Weinstein et al, a 7-point scale measures risk perceptions more effectively than a 5-point scale.

	39	<p><i>When I compare myself with other people, my chance of having bowel cancer is:</i></p> <p>1 (7 points: a lot smaller – a lot larger)</p>		
Willingness to treat	40	<p><i>Below are a few statements about the treatment of bowel cancer. Please indicate to what extent you agree with each statement by ticking the box below your answer. There is no right or wrong answer.</i></p> <p><i>If I had bowel cancer, it would seem to me that treating bowel cancer is worse than doing nothing</i></p> <p><i>If I had bowel cancer, I would have surgery if this was recommended</i></p> <p><i>If I had bowel cancer, I would have chemotherapy if this was recommended</i></p>	Items are self-developed, based on interviews. Likert scale based on Brown. ³	Items address the willingness to undergo traditional (medical) cancer treatment.

		<p><i>If I had bowel cancer, I would mainly seek alternative treatment</i></p> <p><i>If I had bowel cancer, I would not get treatment</i></p> <p>5 (5 point: strongly agree, agree, undecided, disagree strongly disagree)</p>		
Health locus of control	41	<p><i>Below are a few statements about illness and health.</i></p> <p><i>Please indicate to what extent you agree with each statement by ticking the box below your answer.</i></p> <p><i>There is no right or wrong answer.</i></p> <p><i>No matter what I do, I 'm likely to get sick.</i></p>	Based on Wallston KA et al ¹²	Measures 3 domains of locus of control: internal, physician and chance.

		<p><i>If I become sick, I have the power to make myself well again</i></p> <p><i>My good health is largely a matter of good fortune</i></p> <p><i>Whenever I recover from an illness, it's usually because my doctor has been taking good care of me</i></p> <p><i>Whenever I don't feel well, I should consult a medically trained professional.</i></p> <p><i>If I take care of myself, I can avoid illness</i></p> <p><i>Regarding my health, I can only do what my doctor tells me to do</i></p> <p><i>When I get sick, I am to blame</i></p>		
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I can only maintain my health by consulting health professionals

Luck plays a big part in determining how soon I will recover from an illness

The main thing which affects my health is what I myself do

Most things that affect my health happen to me by accident

Health professionals control my health

I am in control of my health

Positive bodily experiences	<p><i>Having regular contact with my physician is the best way for me to avoid illness</i></p> <p><i>It seems that my health is greatly influenced by accidental happenings</i></p> <p><i>If I get sick, it is my own behavior which determines how soon I get well again</i></p> <p><i>Often I feel that no matter what I do, if I am going to get sick, I will get sick</i></p> <p>18 (6 point: absolutely disagree, disagree, disagree a bit, agree a little, agree, absolutely agree)</p> <p><i>If I had bowel cancer, I would feel it</i></p>	Items are self-developed, based on interviews	Measures positive bodily experiences of influence to risk perception
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Risk factors		<p><i>I can check for signs of bowel cancer myself, even if I don't have an internal bowel investigation</i></p> <p><i>If I feel healthy, I assume I do not have bowel cancer</i></p> <p>3 (6 point: absolutely disagree, disagree, disagree a bit, agree a little, agree, absolutely agree)</p> <p><i>My chance of bowel cancer is small, because no one in my family has had it</i></p> <p><i>My chance of bowel cancer is small, because I maintain a healthy lifestyle</i></p>	Items are self-developed, based on interviews	Measures self-identified risk factors
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Evasion of care		<p>2 (6 point: absolutely disagree, disagree, disagree a bit, agree a little, agree, absolutely agree)</p> <p><i>If i have a physical complaint I don't go to the doctor timely, even though maybe I should</i></p> <p>1 (6 point: absolutely disagree, disagree, disagree a bit, agree a little, agree, absolutely agree)</p>	Item is self-developed, based on interviews	Measures evasion of care
Trust	42	<p><i>Below are a few statements about trust. Please indicate to what extent you agree with each statement by ticking the box below your answer.</i></p> <p><i>There is no right or wrong answer.</i></p> <p><i>I trust the test result of the stool test: there really was blood in my stool</i></p>	<p>Item is self-developed, based on interviews.</p> <p>Likert scale based on Brown.³</p>	Measures trust in 3 domains: the result of the FIT outcome, in the clinic or hospital performing the colonoscopy and the screenings organisation.

		<p><i>I trust that the clinic or hospital where the internal bowel examination is conducted puts my well-being first</i></p> <p><i>I trust that the organization that distributed the stool test puts my well-being first</i></p> <p>3 (5 point: strongly agree, agree, undecided, disagree, strongly disagree)</p>		
Desire for control	43	<p><i>An internal bowel examination is something I would only do, when it can be done in a way that will cause me as little discomfort as possible</i></p>	Items are self-developed, based on interviews. Likert scale based on Brown. ³	Items address desire for control specifically in colorectal cancer screening.

		<p><i>I found it difficult to decide whether or not to undergo an internal bowel examination</i></p> <p><i>I would prefer someone to just tell me that I have to undergo a bowel examination</i></p> <p>3 (5 point: strongly agree, agree, undecided, disagree strongly disagree)</p> <p><i>I did not like the fact that I received a letter with the appointment for the intake already set up</i></p> <p><i>I had too little opportunity to discuss whether I wanted an internal bowel examination in the national population screening for bowel cancer</i></p> <p>2 (5 point: strongly agree, agree, undecided, disagree strongly disagree)</p>	<p>Items derived from the Desirability of Control scale by Burger & Cooper. ¹³</p> <p>Items are self-developed, based on interviews.</p>	
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Intake at unknown location		<p><i>The internal bowel examination was at an unfamiliar location, and I did not like that.</i></p> <p>1 (5 point: strongly agree, agree, undecided, disagree strongly disagree)</p>		Item addresses if the intake was at an unknown location, and if this was against the participants wishes
Attitudes to life	44	<p><i>Below are a few statements about your attitude to life. Please indicate to what extent you agree with each statement by ticking the box below your answer.</i></p> <p><i>There is no right or wrong answer.</i></p> <p><i>I'll die when it's my time - the bowel cancer screening will make no difference</i></p> <p><i>I live by the day and don't think about what tomorrow brings</i></p>	Items are self-developed, based on interviews. Likert scale based on Brown. ³	Addresses attitudes to life that might be a barrier to screening adherence.

		<p><i>I would rather live a short but good life, than a long life that is less good</i></p> <p><i>I don't feel healthy enough to undergo an internal bowel examination</i></p> <p><i>I feel too old to undergo an internal bowel examination</i></p> <p>5 (5 point: strongly agree, agree, undecided, disagree strongly disagree)</p>		
Perceptions of screening	45	<p><i>Below are a few statements about bowel cancer.</i></p> <p><i>Please indicate if you think a statement is true or untrue by ticking the box below your answer.</i></p>	Items are self-developed, based on interviews.	Addresses knowledge on screening, CRC and treatment of CRC.

		<p><i>People with bowel cancer always have symptoms before they get a diagnosis</i></p> <p><i>An unfavourable result in the bowel cancer screening usually means that bowel cancer is present</i></p> <p><i>The bowel cancer screening program is primarily intended for people with complaints that may indicate bowel cancer</i></p> <p><i>If the result of the stool test in the bowel cancer population screening is favourable (no blood found), then it is certain that you do not have bowel cancer</i></p> <p><i>The chance that something goes wrong during an internal bowel examination is great</i></p>		
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		<p><i>Blood in the stool is a reason to go to the doctor</i></p> <p>6 (3 point: true, not true, don't know)</p> <p><i>If you have complaints of bowel cancer, then it is no longer curable</i></p> <p><i>Bowel cancer normally develops over a period of several years</i></p> <p><i>Removing polyps can prevent bowel cancer</i></p> <p>3 (3 point: true, not true, don't know)</p> <p><i>If bowel cancer is found at an early stage, it is curable</i></p>	<p>Derived from Brandt et al. ¹⁴</p> <p>Derived from Tacken ⁹</p>	
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		<p><i>I think most people (more than 75%) who are diagnosed with bowel cancer, die of it</i></p> <p>2 (3 point: true, not true, don't know)</p>		
Background				Questions were drawn up to ensure anonymity, in order to meet the demands of the privacy officer.
Sex	46	<p><i>Are you male or a female?</i></p> <p>(3 point: male, female, no answer)</p>	Based on Douma. ⁷	
Age	47	<p><i>What is your age?</i></p> <p>(open text box)</p>	Item is self-developed	
Marital status	48	<p><i>What is your marital status?</i></p> <p>(6 point: married/living together, relationship but not living together, single, divorced, widow, no answer)</p>	Based on Douma. ⁷	Answers categorised into living with partner yes/no

Children	49	<p><i>Do you have one or more children?</i></p> <p>(3 point: yes, no, no answer)</p>	Based on Douma. ⁷	
Living area	50	<p><i>Where do you live?</i></p> <p>(6 point: a (very) large place (100.000 inhabitants or more), a middle large place (50.000 to 100.000 inhabitants), a small place (25.000 to 50.000 inhabitants), a very small place (up to 25.000 inhabitants, in the country, no answer.)</p>	Item is self-developed, based on CBS ¹⁵ reporting a list of Dutch cities with numbers of inhabitants	Due to privacy legislation, self-reported size of living area is used instead of postal code
Education level	51	<p><i>What is the highest level of education that you have completed?</i></p> <p>(9 point lower school, lower vocational school, high school (lower levels), high school (higher levels), middle vocational school, college, university, other – namely, no answer.)</p>	Based on Douma. ⁷ (Dutch education system)	Answers categorised into internationally used 4 category scale (primary, secondary, vocational and higher education)

Income	52	<p><i>Indicate to what extent you agree with the following statement: In the past year, I have struggled with money in most months.</i></p> <p>(6 point, very much agree, agree, neutral, disagree, very much disagree, no answer)</p>	Item is self-developed, based on cognitive interviews	<p>Answers categorised into financial difficulties yes/no.</p> <p>Yes = very much agree + agree.</p>
Ethnicity	53	<p><i>Where were you born?</i></p> <p>(9 point: Netherlands, Turkey, Morocco, Surinam, Germany, United Kingdom, Belgium, Elsewhere + textbox, no answer)</p>	Based on CBS ¹⁶	<p>Answers categorised into born in the Netherlands yes/no.</p>
Conclusion		<p><i>Do you have any comments on a specific question?</i></p> <p><i>Please enter them below. Do not forget to mention the question number.</i></p>	Based on Douma. ⁷	<p>Answers incorporated into answers to other questions if relevant.</p>

References supplementary table 1

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Supplemental Table 2. Overview of Univariate Statistics

Variables that are included in the multivariate logistic regression analysis were marked grey.

Items	Total (N= 1821)			Colonoscopy group (N =1495)		No Colonoscopy group (N=326)		P (X²)
	N or mean	%	Missing	N	%	N	%	
Questionnaire filled out on paper?	1504	82.6%	0%	1231	82.3%	273	83.7%	.545
Mean age	66.5	-	4.7%	66.4	-	67.1	-	.659
Male	1033	58.9%	3.7%	861	59.7%	172	55.5%	.174
Living with partner	1299	71.3%	4.7%	1110	74.2%	189	58.0%	.000
Having at least one child	1475	84.7%	5.4%	1239	86.4%	236	76.9%	.000
Living in urban area	720	42.4%	6.8%	570	40.5 %	150	51.7%	.000
Educational level			6.8%					.082
Primary	90	4.7%		68	4.8%	22	7.6%	.097
Secondary	492	26.7%		397	28.2%	95	32.8%	.341
Vocational training	610	33.6%		509	36.2%	101	34.8%	.288
Higher education	504	27.6%		432	30.7%	72	24.8%	.013
Insufficient financial resources the past year	191	13%	19.1%	140	11.4%	51	20.6%	.002
Born in the Netherlands			4,1%					.004
Yes	1622	92.8%		1348	93.7%	274	89%	
No	125	7.2%		91	6.3%	34	11%	
Had 1 or more CRC related symptoms at time of FIT	622	34.2%		512	34.2%	110	33.7%	.862
Visible blood	422	24.5%	5.3%	335	23.6%	87	28.5%	.070
Tenesmus	176	10.6%	9.0%	156	11.4%	20	6.8%	.021
Stool pattern change	190	11.1%	5.9%	171	12.1%	19	6.4%	.004
Weight loss	61	3.6%	6.5%	53	3.8%	8	2.7%	.352
Had alternative explanation blood in stool	840	47.6%	3.1%	609	41.9%	231	74,3%	.000
Other medical issues	359	20.6%	4.2%	273	19%	86	28.2%	.000
Use of alternative medicine	76	4.3%	3.2%	62	4.3%	14	4.6%	.813
Has previous colonoscopy experience	575	32.6%	3.0%	501	34.4%	74	23.9%	.000
Negative experience prior colonoscopy	295	17%	4.8%	254	17.8%	41	13.3%	.056
CRC diagnose (but not in past year)	20	1,1%	2.7%	17	1.0%	3	1.0%	.115
Diagnosis other type of cancer	266	15.2%	3.8%	231	16%	35	11,4%	.040
Negative colonoscopy experience of others	228	12.8%	2.4%	167	11.4%	61	19.5%	.000
Contact with GP regarding FIT result	608	34.6%	3.5%	484	33.5%	124	39,7%	.035
Negative colonoscopy advice from anyone	82	4,7%	3.2%	37	2.5%	45	14.5%	.000
Positive colonoscopy advice from anyone	749	42.7%	3.6%	657	45.4%	92	29.8%	.000
Thinks that loved ones would support colonoscopy	1433	82.2%	4.3%	1299	90.3%	134	44.1%	.000
Thinks that GP would support colonoscopy	1272	73.7%	5.2%	1143	79.9%	129	43.6%	.000
Attended prescheduled appointment for colonoscopy intake	1392	78.8%	3.0%	1306	89,8%	86	27.6%	.000
Worries sufficiently discussed	1171	92.8% ¹	10.2%	1109	93.9% ¹	62	76.5% ¹	.000

Sufficient opportunity for questions	1202	95% ¹	10%	1135	95.9% ¹	67	82.7% ¹	.000
Possibilities sufficiently discussed	1138	90.5% ¹	10.4%	1075	91.4% ¹	63	76.8% ¹	.000
Referred to other clinic/hospital	191	14.3%	9.2%	179	14.6%	12	10.8%	.277
Cancer worry scale score (1-19) ²	3.71	-	16.6%	3.98	-	2.44	-	.000
High estimated probability of CRC after FIT	106	7%	17.1%	100	8%	6	2.3%	.001
Low estimated probability of CRC after FIT	1083	71.8%	17.1%	845	67.9%	238	89.8%	.000
High probability of CRC compared with others	99	5,5%	17.1%	92	6,3%	7	2,2%	.001
Low probability of CRC compared with others	507	34%	18.2%	387	31.5%	120	46.2%	.000
Negative on willing to undergo CRC treatment	59	3.9%	16.7%	25	2%	34	13%	.000
Total trust score (1-13) ²	10.67	-	4.3%	10.88	-	9.66	-	.000
Did not like that intake was already planned	492	28.5%	5,1%	342	23.8%	150	50.8%	.000
Difficulty with deciding upon colonoscopy	214	12.3%	4.8%	98	6.8%	116	39.2%	.000
Wanting someone else to decide upon colonoscopy	312	18%	4.9%	233	15.3%	79	26,7%	.000
Not enough opportunity to discuss desirability of colonoscopy	244	14.1%	5.2%	127	8.9%	117	39.9%	.000
Uncomfortable with unfamiliar colonoscopy location	230	13.8%	8.4%	143	10.2%	87	33.2%	.000
Locus of control: internal orientation (6-36) ²	19.8	-	5.7%	20	-	18,8	-	.008
Locus of control: physician orientation(6-36) ²	20.7	-	5.6%	20,9	-	19,6	-	.003
Locus of control: chance orientation (6-36) ²	20.8	-	5.7%	21	-	20,1	-	.012
Low score on self efficacy ³	36	2.1%	7.0%	14	1.0%	22	8.6%	.000
Time of death is predestined	536	31.4%	6.2%	414	29.3%	122	41.6%	.000
Living in the moment	351	20.6%	6.1%	261	18.4%	90	30.4%	.000
Preferring short, good life to longer, less good one	536	31.3%	6.0%	414	29.2%	122	41.5%	.000
Not feeling healthy enough for colonoscopy	65	3.8%	6.2%	27	1.9%	38	13.1%	.000
Feeling too old for colonoscopy	52	3%	5.9%	22	1.6	30	10.2%	.000
Knowledge questions⁴								
CRC always causes symptoms	904	52.8%	5.9%	700	49.3%	204	69.4%	.000
Positive FIT usually means cancer	417	24.3%	5.8%	295	20.8%	122	41.4%	.000
Screening is meant for persons with symptoms	562	32.9%	6.1%	414	29.3%	148	50.2%	.000
Negative FIT ensures absence of cancer	806	47%	5.8%	659	46.4%	147	50%	.257
Colonoscopy has high risk of complications	647	37.8%	6.0%	460	32.4%	187	64%	.000
Having symptoms means that cure is not possible	371	21.7%	6.0%	269	19%	102	34.7%	.000
CRC does not develop over several years ⁵	933	54.4%	5.8%	750	52.7%	183	62.5%	.002
Removing polyps does not prevent CRC ⁵	621	36.4%	6.2%	436	32.7%	158	53,9%	.000
CRC cannot be cured, even if it is found at an early stage ⁵	373	21.8%	6.0%	281	19.8%	92	31.3%	.000
More than 75% of people with CRC die of it	913	53.2%	5.8%	716	50.4%	197	67%	.000
High levels of trust in ability to self-detect CRC ⁵	251	14.6%	5.8%	152	10.7%	99	33.8%	.000

¹Percentages of people who attended intake appointment

²Locus of control: degree to which one has control over outcome of events. Internal locus is own influence, doctor locus medical professional's influence, chance locus is influence by chance. Scores are sum scores of multiple it items

³Self-efficacy is the perceived ability to undergo colonoscopy when deemed necessary. Score is sum score of multiple items

⁴N= answers of 'true' or 'don't know' combined

⁵Questions were originally phrased positive (e.g. 'CRC develops over several years'), for readability of this table rephrased in negative sense

