Prospective Randomised Evaluation of Tomosynthesis in Breast Cancer Screening (PROSPECTS).

PARTICIPANT QUESTIONNAIRE

Thank you for participating in this study. We would be very grateful if you would complete this short questionnaire and hand it to the screening staff before you leave.

1- How uncomfortable/painful did you find your screening mammography examination? (please mark the scale below).

0 1 2 3 4 5 6 7 8 9 10
No moderate severe
discomfort/pain discomfort/pain discomfort/pain

- 2- If you have had a mammogram before, how would you compare the discomfort of your current mammogram examination?
 - a) Better
 - b) Same
 - c) Worse
- 3- How would you compare the discomfort of your mammogram to having your blood pressure measured?
 - a) Better
 - b) Same
 - c) Worse
 - d) Don't know

Thank you for completing this questionnaire.