

**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.

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Date