

APPENDIX. Patient assessment questionnaire for mammogram using MammoPad

1. Age: _____ 2. Chinese: (circle) Yes / No
3. Is this your first mammography? (circle) Yes / No
4. How do you rate the pain during mammogram?
(0=no pain to 10=worst possible pain)

	Left breast	Right breast
	_____	_____
5. How do you rate the feel of coldness of the detector during mammogram?
(0=not cold to 10=very cold)

	Left breast	Right breast
	_____	_____
6. How do you rate the feel of hardness of the detector during mammogram?
(0=not hard to 10=very hard)

	Left breast	Right breast
	_____	_____
7. How do you rate the overall feeling of mammogram?
(0=comfortable to 10=very uncomfortable)

	Left breast	Right breast
	_____	_____
8. How do you compare the experience of current mammogram using MammoPad to your previous mammogram?
(circle)
Not-applicable / much more comfortable / more comfortable / same / less comfortable
9. Where is your previous mammogram taken? (circle) Hong Kong Sanatorium & Hospital / Other clinic
10. Do you suggest using MammoPad for your next mammogram? (circle) Yes / No
11. Other comments: (if any)

Thanks for taking your time to finish the questionnaire!

To be filled by mammographer

Exam ID: _____ Is it easy to use MammoPad during positioning? Yes / No

Remarks by mammographer: