Date: __________________________________________

In case of multiple lesions to be removed in separate specimens:
Breast lesion (group):  □ 1 (a)  □ 2 (b)

SURGEON SATISFACTION QUESTIONNAIRE

Important: The Questionnaire should be completed directly after the procedure.

How easy was the intraoperative detection procedure, on a scale from 0 to 10?

0 = unable to localize  10 = very easy
0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

How satisfied are you with the localization method used in this patient, on a scale from 0 to 10?

0 = very dissatisfied  10 = very satisfied
0 – 1 – 2 – 3 – 4 – 5 – 6 – 7 – 8 – 9 – 10

Are there any improvements you would like to see in this localization device/method?
_______________________________________________________________________
_______________________________________________________________________

Please transfer the above answers to the eCRF (CRF 7) online.