

SPONSOR : UBT Srl	STUDY CODE : UBT 2023-01
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WOMEN’S SATISFACTION QUESTIONNAIRE

ID number: |_|_|_|_|_|_|_|

Clinical center number: |_|_|_|

Date: |_|_|_|-|_|_|-|_|_|_|_|_|_|
mm dd yyyy

1. Has the examination been interrupted? ☐ YES ☐ NO

If YES, explain why:

2. Did you find the microwave examination tedious?

Please answer the question by indicating your opinion on a scale of 1 to 3

- ☐ 3 = yes, very much
- ☐ 2 = a little
- ☐ 1 = absolutely not

3. Did you find the microwave examination painful?

Please answer the question by indicating your opinion on a scale of 1 to 3

- ☐ 3 = yes, very much
- ☐ 2 = a little
- ☐ 1 = absolutely not

4. Did you find the microwave examination uncomfortable?

Please answer the question by indicating your opinion on a scale of 1 to 3

- ☐ 3 = yes, very much
- ☐ 2 = a little
- ☐ 1 = absolutely not

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5. Did you find the examination long-lasting?

Please answer the question by indicating your opinion on a scale of 1 to 3

- ☐ 3 = yes, very much
- ☐ 2 = a little
- ☐ 1 = absolutely not

6. Did you feel adequately informed about the microwave examination?

Please answer the question by indicating your opinion on a scale of 1 to 3

- ☐ 3 = yes, very much
- ☐ 2 = a little
- ☐ 1 = absolutely not

7. Would you recommend the microwave examination?

☐ YES ☐ NO

If NO, explain why: