PATIENT ACCEPTANCE QUESTIONNAIRE

1) Gender  Male ☐  Female ☐

2) Age

3) Was this you first percutaneous biopsy?
   Yes ☐  No ☐

4) Did you take painkillers prior to the biopsy?
   Yes ☐  No ☐

5) Did you take painkillers after the biopsy?
   Yes ☐  No ☐

6) How much do you fear the biopsy?
   (0 = no fear at all; 10 = extreme fear)
   0  1  2  3  4  5  6  7  8  9  10

7) How much do you fear the biopsy result?
   (0 = no fear at all; 10 = extreme fear)
   0  1  2  3  4  5  6  7  8  9  10

8) How do you rate the information provided by the medical team prior to the biopsy?
   (0 = very poor; 10 = excellent)
   0  1  2  3  4  5  6  7  8  9  10

9) How do you rate the discomfort related to the positioning during the biopsy?
   (0 = no discomfort at all; 10 = extremely uncomfortable)
   0  1  2  3  4  5  6  7  8  9  10

10) Prior to the biopsy you had blood drawn by a nurse. How painful has it been?
    (0 = no pain at all; 10 = extreme pain)
    0  1  2  3  4  5  6  7  8  9  10

11) How painful was the biopsy?
    (0 = no pain at all; 10 = extreme pain)
    0  1  2  3  4  5  6  7  8  9  10

12) How much pain do you feel now?
    (0 = no pain at all; 10 = extreme pain)
    0  1  2  3  4  5  6  7  8  9  10

13) Please state your overall satisfaction related to the procedure
    (0 = very poor; 10 = excellent)
    0  1  2  3  4  5  6  7  8  9  10

14) If necessary, would you repeat the procedure?
    Yes ☐  No ☐