

You have recently participated in a population-based mammography screening initiated by Department of Public Health Programmes, Central Denmark Region



In order to be able to improve the invitation to mammography screening and the information provided with this invitation, Department of Public Health Programmes is interested in learning about **your experience** with the entire process of participation.

Therefore, we allow ourselves to make this approach and to kindly ask you to fill in the attached questionnaire. Having completed the questionnaire, please return it in the pre-paid postage envelope. You may also fill in the questionnaire through www.svar.rm.dk by using the code >> *code* >>. Please observe the deadline >> *date* >>.

When responding to the questions we ask you to focus on your experience with the screening conducted in 20xx, although you may have participated in previous screenings.

CFK – Folkesundhed og Kvalitetsudvikling (Public Health and Quality Development) has been assigned to assess the invitation to mammography screening on behalf of Department of Public Health Programmes, Central Denmark Region.

CFK – Folkesundhed og Kvalitetsudvikling (Public Health and Quality Development) will ensure that your response will be treated confidentially and all responses will appear anonymously in the final report. The report will be available in *month/year* on the website of Central Denmark Region www.rm.dk.

For any questions relating to the questionnaire, please contact CFK – Folkesundhed og Kvalitetsudvikling (Public Health and Quality Development) consultant Dorte Jørgensen, phone no. +45 7841 4037/Dorte.Jorgensen@stab.rm.dk.

Best regards,
Department of Public Health Programmes
Central Denmark Region

Invitation

1. Were you aware of the mammography screening programme prior to receiving the invitation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>		
2. Did you find it easy to understand the invitation?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
3. Did the invitation include the information you needed prior to screening?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
4. Have you searched for additional information about mammography screening?	<input type="checkbox"/> No <input type="checkbox"/> Yes, please mention where information has been searched _____				
5. Was it easy for you to decide whether to participate in the mammography screening?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
6. Did you feel obliged to participate in the mammography screening?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
7. What made you feel obliged? (Several responses can be chosen)	<input type="checkbox"/> To receive an invitation without having requested it <input type="checkbox"/> To receive a pre-scheduled date/time for mammography screening <input type="checkbox"/> The opportunity to have an eventual early detection of breast cancer in order to initiate treatment <input type="checkbox"/> I have participated in previous screenings <input type="checkbox"/> The invitation appeared as a scheduled call for screening <input type="checkbox"/> Friends/family expected me to participate <input type="checkbox"/> Central Denmark Region is mentioned as sender of the invitation <input type="checkbox"/> Other, please list: _____				
8. Did you have any concerns when receiving the invitation?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
9. Was the period from receiving the invitation until scheduled appointment for screening suitable?	Yes <input type="checkbox"/>	No, too short <input type="checkbox"/>	No, too long <input type="checkbox"/>	I don't know <input type="checkbox"/>	

Self-service (through www.kraeftscreening.dk)

10. Did you change your appointment or venue for screening through self-service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Please go to question no. 17					
11. Did you find it easy to use the website?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
12. When using the self-service to alter the appointment: Were you satisfied with the possibilities to choose another date/time?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know /Not applicable <input type="checkbox"/>
13. When using the self-service to alter the screening venue: Were you satisfied with the possibilities to choose another screening venue?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know/Not applicable <input type="checkbox"/>
14. Did you solve your problem by using the self-service?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>

15. What is your overall impression of the self-service facility offered?	Excellent <input type="checkbox"/>	Fine <input type="checkbox"/>	Poor <input type="checkbox"/>	Really poor <input type="checkbox"/>	I don't know <input type="checkbox"/>
16. Can you suggest any improvements in order to optimize the self-service facility?					

Contact by phone to Department of Public Health Programmes prior to screening

17. Have you been in contact with Department of Public Health Programmes by phone prior to your mammography screening? (e.g. in order to arrange a rescheduling of time/venue)	Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Please go to question no. 26					
18. How did you experience the phone queue when calling Department of Public Health Programmes?	Acceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>		No queue <input type="checkbox"/>	
19. Were you satisfied with the phone opening hours through which it was possible to call Department of Public Health Programmes?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
20. Why did you call Department of Public Health Programmes (Several responses can be chosen)					
<input type="checkbox"/> Rescheduling of date/time <input type="checkbox"/> Alteration of screening venue <input type="checkbox"/> Questions regarding screening <input type="checkbox"/> Registration for screening <input type="checkbox"/> Other, please state:					
21. Was your call answered professionally?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>
22. If calling in order to alter the date/time for screening: Were you satisfied with the possibilities to choose a new date/time?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know/not applicable <input type="checkbox"/>
23. If calling in order to alter screening venue? Were you satisfied with the possibilities to choose another screening venue?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know/not applicable <input type="checkbox"/>
24. If calling in order to clarify question(s) regarding the screening/examination: Were you satisfied with the responses/information you received?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know/not applicable <input type="checkbox"/>
25. What is your overall impression of the service offered by phone?	Excellent <input type="checkbox"/>	Fine <input type="checkbox"/>	Poor <input type="checkbox"/>	Very poor <input type="checkbox"/>	I don't know <input type="checkbox"/>

Examination at the screening venue (Health Center/Hospital)

26. Were the parking lots at the screening venue satisfactory?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	Not applicable <input type="checkbox"/>
27. How did you experience the welcome when entering the health center/hospital?	Excellent <input type="checkbox"/>	Fine <input type="checkbox"/>	Poor <input type="checkbox"/>	Really poor <input type="checkbox"/>	I don't know <input type="checkbox"/>	
28. Did you experience excessive waiting in the waiting room passing your scheduled appointment time?	No wait <input type="checkbox"/>	Less than 5 min. <input type="checkbox"/>	5-10 min. <input type="checkbox"/>	11-15 min. <input type="checkbox"/>	More than 15 min. <input type="checkbox"/>	
29. Did the staff handle the examination professionally?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	

30. Did you feel comfortable in the way which the staff conducted the examination?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	
31. Did the staff listen to your questions/comments during the examination?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	Not applicable <input type="checkbox"/>
32. Did the staff provide sufficient information during the examination?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	Not applicable <input type="checkbox"/>
33. Did you feel that your limits of modesty were exceeded during the examination?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	
34. Did you feel any pain during the examination?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	

Result of screening

35. Did you feel any concern about the screening result from the time of screening until the result of screening was received?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	
36. Did you find it easy to understand the response letter?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	
37. Did the response letter include all necessary information?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	
38. Was the period from screening until you received the response letter suitable?	Yes <input type="checkbox"/>	No, too short <input type="checkbox"/>	No, too long <input type="checkbox"/>		I don't know <input type="checkbox"/>	
39. If the period from screening until you received the response letter was NOT suitable: Did you have any concerns?	To a great extent <input type="checkbox"/>	To some extent <input type="checkbox"/>	To a minor extent <input type="checkbox"/>	Not at all <input type="checkbox"/>	I don't know <input type="checkbox"/>	Not applicable <input type="checkbox"/>

Overall impression of the entire screening process

40. What is your overall impression of being invited to attend mammography screening?	Excellent <input type="checkbox"/>	Fine <input type="checkbox"/>	Poor <input type="checkbox"/>	Really poor <input type="checkbox"/>	I don't know <input type="checkbox"/>	
41. What is your overall impression of the entire mammography screening process (from receiving the invitation until response letter was received)?	Excellent <input type="checkbox"/>	Fine <input type="checkbox"/>	Poor <input type="checkbox"/>	Really poor <input type="checkbox"/>	I don't know <input type="checkbox"/>	
42. After having attended the mammography screening do you experience an increased worry for developing breast cancer than before?	More worried <input type="checkbox"/>		Nothing has changed <input type="checkbox"/>		Less worried <input type="checkbox"/>	
43. Do you intend to accept the next invitation for mammography screening?	Yes <input type="checkbox"/>		No <input type="checkbox"/>		I don't know <input type="checkbox"/>	Not applicable <input type="checkbox"/>
44. Do any of your relatives or closest friends have cancer?	<input type="checkbox"/> No <input type="checkbox"/> Yes, breast cancer <input type="checkbox"/> Yes, which type of cancer: _____					

45. Can you suggest any improvements in order to optimize the screening process for breast cancer?

46. Would you choose the opportunity to receive a reminder text message if this becomes an option?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>	Not applicable <input type="checkbox"/>
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Your background

47. Do you attend a job at present?	Yes, I attend a job <input type="checkbox"/>	No, I am retired/early retirement <input type="checkbox"/>	No, I do not attend at job at present <input type="checkbox"/>
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48. What is your highest level of education? (Irrespective whether you have re-tired/made early retirement)	Primary school <input type="checkbox"/>	High school/college or similar <input type="checkbox"/>	Skilled worker (craftsman, within trade or office) <input type="checkbox"/>	Short-cycle higher education <input type="checkbox"/>	Medium-cycle higher education <input type="checkbox"/>	Long-cycle higher education <input type="checkbox"/>
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49. Have you had a mammography screening on previous occasion?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	I don't know <input type="checkbox"/>
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50. Please state the number of kilometers from your private address to the screening venue	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table> kilometers			