

Questionnaire – DENSE-2 study

Why this questionnaire?

For your own safety, we ask you to complete and sign this questionnaire. It is important that you complete the questionnaire before the phone call. We ask this as the study team member will discuss this questionnaire with you during the phone call. If you have any questions, you can discuss them during the phone call. You should bring the questionnaire fully completed and signed to the hospital. Completing the questionnaire takes about 10 minutes.

Could you please check "yes" or "no" below?

	Yes	No
1) Do you have impaired kidney function?		
2) Do you have diabetes (type 1 or 2)?		
3) Have you ever had an allergic reaction to contrast medium during a CT or contrast mammogram examination?		
4) Do you have a breast prosthesis or a breast implant?		

Name of participant: _____

Date of birth: ____ / ____ / ____

Height: _____ cm Weight: _____ kg

Participant's signature: _____

Date: ____ / ____ / ____