

Experience feedback questionnaire on the PERSPECTIVE I&I study

You have recently received one or more results of the personalized breast cancer risk assessment of your patient(s), carried out as part of the PERSPECTIVE research project. To enable us to take your opinions and preferences into account in improving our processes, we invite you to complete this short survey, which will take about 10 minutes. Your answers will be anonymized: we will not collect your name or any information that could link you to your answers to the questions.

Feel free to share your comments about the study.

You may refuse to answer a question at any time.

If you have any questions about the questionnaire, please contact us by telephone at 418 682-7391 (toll-free 1 888 682-7391) or by e-mail at [info@etudeperspective.ca](mailto:info@etudeperspective.ca).

**Q1. After reading the documents received (letter and information document), please indicate your level of agreement with the following statements:**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The information in the letter was understandable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information document enabled me to understand the result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I already knew about screening based on personalized breast cancer risk assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that pre-screening breast cancer risk assessment is appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I find the proposed action plan appropriate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am ready to follow the proposed action plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable discussing with my	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

patient using the documents received					
I feel the need for more training in this area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q2. Have you consulted the website mentioned in the letter?

- ☐ Yes
- ☐ No

Q2a. If yes, what are the reasons? (Check all that apply)

- ☐ I had some questions after reading the documents
- ☐ I wanted to validate my understanding after reading the documents
- ☐ I wanted to find out more about personalized breast cancer risk assessment
- ☐ Other (Please specify): \_\_\_\_\_

Q2b. If yes, after visiting the website, please indicate your level of agreement with the following statements:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
The website answered my questions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information on the website was clearly presented	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found the information I was looking for on the website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend the website to my colleagues so that they can inform themselves about personalized breast cancer risk assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q3. If personalized risk assessment for breast cancer screening were to be offered at population level, how likely would you be to encourage your patients to participate in such programs?

- ☐ Very likely
- ☐ Likely

- ☐ Neutral
- ☐ Unlikely
- ☐ Very unlikely

**Q3a. If you answered 'Unlikely' or 'Very unlikely', what are the reasons for your choice? (Check all that apply)**

- ☐ This approach requires too much consultation time
- ☐ I consider this approach superfluous in relation to the PQDCS
- ☐ It is not my responsibility
- ☐ I wonder about the medical validity of this approach
- ☐ I'm not comfortable enough with this approach
- ☐ I will use this approach when others do
- ☐ Other (Please specify): \_\_\_\_\_

**Q4. Check the statement(s) with which you agree regarding the use of personalized risk assessment for breast cancer screening.**

- ☐ It could reduce unnecessary mammograms in the future
- ☐ It could screen women up to 49 years of age
- ☐ It could screen high risk women
- ☐ It could reduce number of false positive mammograms
- ☐ It could reduce the number of deaths from breast cancer
- ☐ It could lead to cost savings for society

**Q5. Are you a:**

- ☐ Physician
- ☐ Primary care nurse practitioner
- ☐ Prefer not to answer

**Q6. What is your gender?**

- ☐ Women
- ☐ Men
- ☐ Other

**Q7. For how long have you been working in your profession?**

- ☐ Less than 5 years
- ☐ From 5 to 10 years
- ☐ From 11 to 15 years
- ☐ From 16 to 20 years
- ☐ More than 21 years
- ☐ Prefer not to answer

**OPTIONAL OPEN-ENDED QUESTIONS**

**Q8. In your opinion, are there any aspects of the personalized risk assessment approach and the material provided that need to be changed? If so, which ones?**

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**Q9. What additional resources could help you?**

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