

## A IF YOU DECIDE TO PARTICIPATE

Please fill in this questionnaire at home and take it with you to the screening appointment. You should also take proof of identity with you.

1. Your telephone number:
2. Your date of birth:
3. Have you had an operation on your breasts?  
 No  Yes:  left/ right  
If so, what was the reason for the operation?  
 Breast prostheses: silicon/other material  
 Other reason(s):.....

4. Your GP's details:  
Name of GP:  
Address:  
Town/city:  
Telephone number:

### Useful tips

The screening centres do not have a toilet.  
Do not put ointment, body lotion or powder on your breasts before the examination.  
You can use deodorant.

## B IF YOU WISH TO DEREGISTER

If you do not wish to take part, please deregister. Then somebody else can take your place. To deregister, fill in points 1 and 2 below in full, sign this form and return it to: **<Adresgegevens SO>** No postage stamp is required.

### 1. Deregistration

*One-off deregistration*

I wish to deregister for this round of screening. I will be sent a fresh invitation in two years' time (if I am still aged 50-75).

*Permanent deregistration*

I do not wish to be sent any more invitations and hereby deregister permanently (signature required). You can re-register if you change your mind at some time in the future.

**Signature Date**

### 2. What is your reason for deregistering? Please tick as appropriate.

*Medical reasons*

- I am currently under supervision/treatment for my breasts
- Both of my breasts have been removed

*The examination*

- I find the examination too painful
- I have had unpleasant experiences with the examination. Please give details:.....

*Other reasons*

- I don't find this screening useful
- I am scared of radiation
- I am scared of cancer
- Personal reasons
- Other reason(s):.....