

**MELODY**

**Patient-ID:** \_ \_ - \_ \_ - \_ \_

Date: \_\_\_\_\_

In case of multiple lesions to be removed in separate specimens:

Breast lesion (group):     1 (a)     2 (b)

**SURGEON SATISFACTION QUESTIONNAIRE**

**Important: The Questionnaire should be completed directly after the procedure.**

**How easy was the intraoperative detection procedure, on a scale from 0 to 10?**

0 = unable to localize

10 = very easy

**0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10**

**How satisfied are you with the localization method used in this patient, on a scale from 0 to 10?**

0 = very dissatisfied

10 = very satisfied

**0 - 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10**

Are there any improvements you would like to see in this localization device/method?

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**Please transfer the above answers to the eCRF (CRF 7) online.**