

Feasibility study

* Required

1. Please write your initials *

2. Please write the number of the case you are working on *

Questionnaire I: Based on the given case information

3. What action will you take?

Mark only one oval per row.

	Meget uenig	Uenig	Hverken uenig eller enig	Enig	Meget enig
I want to contact the patient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to request/re-schedule procedure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will not take any action	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I miss information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want to do something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Other/comments
