

In this survey, we are interested in your opinions about genetics and health risks. There are no right answers – please just answer each question based on your own opinion. Thank you for taking the time to help us!

A. The following items ask your opinions about some characteristics that might describe a person. Please indicate how much you agree or disagree with each statement by circling your answer.

| | |
|------------|---|
| <p>Q1.</p> | <p>“Moral character is something very basic about a person that can’t be changed very much.”</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| <p>Q2.</p> | <p>“Intelligence is something very basic about a person that can’t be changed very much.”</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| <p>Q3.</p> | <p>"Smoking behavior is something very basic about a person that can't be changed very much."</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| <p>Q4.</p> | <p>"Body weight is something very basic about a person that can't be changed very much."</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |

B. In these questions, we are interested in your thoughts about various factors that influence the risk of having health problems. The first set of questions asks about YOUR everyday behaviors, and the questions on the next page ask about OTHER PEOPLE'S everyday behaviors.

Q5a-g.

How much do you think YOUR OWN health habits such as diet and exercise determine whether or not YOU will develop each of the following conditions?

| | <u>Not at all</u> | <u>A little</u> | <u>Some</u> | <u>A lot</u> | <u>Completely</u> |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Diabetes/High blood sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Obesity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Colorectal cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Skin cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Q6a-g.

How much do you think YOUR OWN GENETIC MAKEUP, that is, characteristics passed from one generation to the next in YOUR family, determine whether or not YOU will develop each of the following conditions?

| | <u>Not at all</u> | <u>A little</u> | <u>Some</u> | <u>A lot</u> | <u>Completely</u> |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Diabetes/High blood sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Obesity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Colorectal cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Skin cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Now think about OTHER PEOPLE of your same age, sex, and race. How much do you think OTHER PEOPLE'S health habits such as diet and exercise determine whether or not THEY will develop each of the following conditions?

Q7a-g.

| | <u>Not at all</u> | <u>A little</u> | <u>Some</u> | <u>A lot</u> | <u>Completely</u> |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Diabetes/High blood sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Obesity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Colorectal cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Skin cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Thinking again about OTHER PEOPLE of your same age, sex, and race, how much do you think their GENES, that is characteristics passed from one generation to the next in their families, determine whether or not THEY will develop each of the following conditions?

Q8a-g.

| | <u>Not at all</u> | <u>A little</u> | <u>Some</u> | <u>A lot</u> | <u>Completely</u> |
|------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a) Diabetes/High blood sugar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Obesity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Heart disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d) High blood pressure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Lung cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Colorectal cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Skin cancer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C. The following questions ask your opinions about health risks. Again, there are no right answers- we are interested in your opinion.

| | |
|------|---|
| Q9. | <p>There are so many recommendations out there about how to stay healthy, it's hard to know which ones to follow.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| Q10. | <p>How likely are you to have genes that increase your chances of getting CANCER?</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Not at all likely Very unlikely Unlikely Neither likely nor unlikely Likely Very likely Extremely likely</p> |
| Q11. | <p>I worry that I may have genes that increase my chances of getting CANCER.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| Q12. | <p>I have a gut feeling that I may have genes that increase my chances of getting CANCER.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| Q13. | <p>How likely are you to have genes that increase your chances of getting HEART DISEASE?</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Not at all likely Very unlikely Unlikely Neither likely nor unlikely Likely Very likely Extremely likely</p> |
| Q14. | <p>I worry that I may have genes that increase my chances of getting HEART DISEASE.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |

| | |
|--|---|
| Q15. | <p>I have a gut feeling that I may have genes that increase my chances of getting HEART DISEASE.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| <p>D. We are interested in learning more about you in the following questions.</p> | |
| Q16. | <p>When I feel threatened or anxious I find myself thinking about my strengths.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| Q17. | <p>When I feel threatened or anxious I find myself thinking about my values.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |
| Q18. | <p>People can talk about the chance of something happening using either words, like "it rarely happens" or numbers, like "there's a 5% chance." When people tell you the chance of something happening do you prefer they use words or numbers?</p> <p><input type="checkbox"/> Prefer words <input type="checkbox"/> Prefer numbers <input type="checkbox"/> No preference</p> |
| Q19. | <p>In general, I depend on numbers and statistics to help me make decisions about my health.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Strongly disagree Disagree Somewhat disagree Neither agree nor disagree Somewhat agree Agree Strongly Agree</p> |

E. Some more information about you!

| | |
|-------|---|
| Q20. | About how tall are you without shoes? _____feet _____inches |
| Q21. | About how much do you weight in pounds, without shoes? _____lbs. |
| Q22. | <p>Right now do you feel you are (circle one):</p> <p style="text-align: center;"> 1 2 3 4 5 Very underweight Slightly underweight About the right weight Slightly overweight Very overweight </p> |
| Q23a. | <p>Have you smoked at least 100 cigarettes in your entire life?</p> <p><input type="checkbox"/> Yes →go to 23b <input type="checkbox"/> No→go to question 24</p> |
| Q23b. | <p>If YES, how often do you now smoke cigarettes?</p> <p><input type="checkbox"/> Every day →go to 23c <input type="checkbox"/> Some days →go to 23d <input type="checkbox"/> Not at all →if not at all go to question 24</p> |
| Q23c. | <p>If Every Day: On the average, how many cigarettes do you now smoke a day?</p> <p><input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+</p> |
| Q23d. | <p>If Some Days: On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?</p> <p><input type="checkbox"/> 1-9 <input type="checkbox"/> 10-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40+</p> |
| Q23e. | How soon after you awake in the morning do you usually smoke your first cigarette? _____minutes _____hours |
| Q23f. | <p>At any time in the past year, have you stopped smoking for one day or longer because you were trying to quit?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Q23g. | Are you seriously considering quitting smoking in the next six months? <input type="checkbox"/> Yes <input type="checkbox"/> No |

F. Finally, we are interested in your thoughts about genetic tests.

| | |
|------|--|
| Q24. | Genetic tests that analyze your DNA, diet, and lifestyle for potential health risks are currently being marketed by companies directly to consumers. Had you heard or read about these genetic tests prior to visiting the exhibit at the National Museum of Natural History? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q25. | <p>In the next year, how likely are you to purchase one of these genetic tests that analyze your DNA, diet, and lifestyle for potential risks that are currently being marketed by companies directly to consumers?</p> <p><input type="checkbox"/> Check if you have already purchased one of these tests.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Not at all likely Very unlikely Unlikely Neither likely nor unlikely Likely Very likely Extremely likely</p> |
| Q26. | Have you ever actively collected health information from your relatives for purposes of documenting your family's health history? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q27. | Have you ever had a genetic test order by your doctor (e.g., BRCA, Huntington's disease)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Q28. | <p>In the next year, how likely are you to actively collect health information from your relatives for the purposes of documenting your family's health history?</p> <p><input type="checkbox"/> Check if you have already collected this information.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Not at all likely Very unlikely Unlikely Neither likely nor unlikely Likely Very likely Extremely likely</p> |
| Q29. | <p>In the next year, how likely are you to share any family history information you have collected with a health professional?</p> <p><input type="checkbox"/> Check if you have already shared this information with a health professional.</p> <p>1-----2-----3-----4-----5-----6-----7</p> <p>Not at all likely Very unlikely Unlikely Neither likely nor unlikely Likely Very likely Extremely likely</p> |

