

NHGRI: Social Genomics Proj x

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Health and Genetics from YOUR Point of View

What is YOUR point of view about how genetics and behavior might affect your health and other people's health? How do YOU think about health risks? What is YOUR opinion about genetic tests? We would really like to know. Click the link and help us advance the science of health risk!

We estimate that this survey will take 25 minutes, including the time for reviewing instructions, consenting, and completing the survey.

[Begin Survey](#)

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OMB # 0925-NEW
Expiration Date: xx/xxxx

Thank you for your interest in this research. To participate you must be 18 years or older.




I verify that I am 18 years old or older

- Yes
- No

Continue >>

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These surveys are being conducted by researchers at the National Human Genome Research Institute of the National Institutes of Health.

The surveys are being conducted to help researchers understand how people think and feel about issues related to genetics and health. You may complete as many or as few of the surveys as you wish.

Your response to the surveys is completely voluntary. You may end your participation at any time. Any reports or publications based on this research will use only group data and will not identify you individually. We will not store any personally identifying information within the survey. Your responses will remain secure to the extent permitted by law. The privacy and confidentiality of all collected information will be maintained at all times during the study process.

By clicking on the Accept button below you are indicating that you consent to participate in this research.

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First, we are going to ask you some questions about yourself. Please remember that there are no right or wrong answers; your honest answer is your best answer. If the question has a blank, fill in the blank. If the question has a list of choices, please select the response that best reflects your answer.

What is your gender?

Male
 Female

What is your current age?

years

Which country do you live in?

If US, which state do you live in?

What is your zip code?

Are you Hispanic or Latino?

Yes
 No
 Don't Know

Which one or more of the following would you say is your race?

Black or African
 Native Hawaiian or other Pacific Islander
 White
 Asian
 Indian or Alaska Native
 Don't Know

What is your highest level of completed education?

- Less than 8th grade
- 8th grade
- Some high school (no diploma or ged equivalent)
- High school diploma or ged equivalent
- Some college (no degree)
- Technical or Associate degree
- Bachelors Degree (BA, BS, AB)
- Masters Degree (RN,MS,MA)
- Professional Degree (JD, PhD, MD, ED)

What is your favorite food?

Are you adopted?

- Yes
- No
- I don't know

In general, would you say your health is:

- | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Poor | Fair | Good | Very Good | Excellent |
| 0 | 1 | 2 | 3 | 4 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

On a scale from 1 to 7, where 1 is not at all happy and 7 is very happy, how happy do you feel in general?

- | | | | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all
happy | | | | | | Very
happy |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

On a scale from 1 to 7, where 1 is not at all stressed and 7 is very stressed, how stressed do you feel in general?

- | | | | | | | |
|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Not at all
stressed | | | | | | Very
stressed |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Have you ever had a genetic screening?

- Yes
- No
- I don't know

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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

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?

	Not at all	A little	Some	A lot	Completely
Diabetes/High blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

	Not at all	A little	Some	A lot	Completely
Diabetes/High blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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?

	Not at all	A little	Some	A lot	Completely
Diabetes/High blood sugar	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lung cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Some more information about you!

About how tall are you without shoes?

feet inches

About how much do you weight in pounds, without shoes?

pounds

Right now do you feel you are

Very underweight	Slightly underweight	About the right weight	Slightly overweight	Very overweight
1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you smoked at least 100 cigarettes in your entire life?

Yes
 No

If YES, how often do you now smoke cigarettes?

Every day
 Some days
 Not at all

On the average, how many cigarettes do you now smoke a day?

1 - 9
 10 - 19
 20 - 29
 30 - 39
 40+

On the average, when you smoked during the past 30 days, about how many cigarettes did you smoke a day?

1 - 9
 10 - 19
 20 - 29
 30 - 39
 40+

How soon after you awake in the morning do you usually smoke your first cigarette?

minutes hours

At any time in the past year, have you stopped smoking for one day or longer because you were trying to quit?

Yes
 No

Are you seriously considering quitting smoking in the next six months?

- Yes
- No

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?

- Yes
- No

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?

Check if you have already purchased one of these tests.

Not at all likely	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	Extremely likely
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you ever actively collected health information from your relatives for purposes of documenting your family's health history?

- Yes
- No

Have you ever had a genetic test order by your doctor (e.g., BRCA, Huntington's disease)?

- Yes
- No

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?

Check if you have already collected this information.

Not at all likely	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	Extremely likely
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the next year, how likely are you to share any family history information you have collected with a health professional?


Check if you have already shared this information with a health professional.

Not at all likely	Very unlikely	Unlikely	Neither likely nor unlikely	Likely	Very likely	Extremely likely
1	2	3	4	5	6	7
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>




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Thank you for your time!

We are required by law to make you aware of the following:

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-NEW). Do not return the completed form to this address.