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Map your Social Network Survey

We would like to know more about your social world. How does health information flow through your social network? Who is the person that everyone goes to for advice? Click the link and help us understand the role of social relationships in health. At the end of the survey we will give you a map of your social network!

We estimate that this survey will take 35 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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Map Your Social Network


Family

We'd like learn about people that are important to you. First, please list all members of your family of origin (parents and siblings) and your nuclear family (spouse/partner and children). We'll ask about other important people later. This list of people will help us map your personal network. You may name anyone you know, no matter who they are or where they live, using any name that's identifiable to you, such as initials or a nickname (we won't save this information, so feel free to use last names if it helps you). Please also indicate their relationship to you, their age, gender, where they live, and how often you have had contact with them during the past 3 months. If you don't know an answer, just leave that space blank.




Name	Relationship	Age	Gender	In the last 3 months, about how often did you have contact with this person, either face-to-face, by email, or by phone?	Where does this person live?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Select Select Select Male Female	Select Select Everyday More than once a week A couple of times a month Once I did not have contact with this person in the last 3 months	Select Select This person lives with me Within an hour drive Within a two hour drive Within a three hour drive More than a three hour drive This person is deceased

Your Person List

List of People


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Map Your Social Network

Other Important People

Now we'd like you to think about other people that are important to you that are not members of your family of origin or nuclear family. Please list other people that are important to you, such as extended family members (your grandmother, grandchildren, cousins, etc.), family through marriage (mother-in-law, brother-in-law), friends, and coworkers. This list of people will help us map your personal network. You may name anyone you know, no matter who they are or where they live, using any name that's identifiable to you, such as initials or a nickname (we won't save this information, so feel free to use last names if it helps you). Please also indicate their relationship to you, their age, gender, where they live, and how often you have had contact with them during the past 3 months. If you don't know an answer, just leave that space blank.

Name	Relationship	Age	Gender	In the last 3 months, about how often did you have contact with this person, either face-to-face, by email, or by phone?	Where does this person live?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add Person"/> Select Select Select Male Female	Select Select Everyday More than once a week A couple of times a month Once I did not have contact with this person in the last 3 months	Select Select This person lives with me Within an hour drive Within a two hour drive Within a three hour drive More than a three hour drive This person is deceased

Your Person List

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Consider your list of family and other important people in your personal network. We'd like to know more about how you feel about your relationships with these people. Please indicate all of the people who you can count on for help or support in the manner described. You can select more than one person in response to each question.

With whom do you feel comfortable sharing your feelings?	With whom do you discuss your health?	Who can you count on to console you when you are upset?	Who do you go to for advice?
List of People ▾ <div style="border: 1px solid #ccc; height: 150px;"></div>	List of People ▾ <div style="border: 1px solid #ccc; height: 150px;"></div>	List of People ▾ <div style="border: 1px solid #ccc; height: 150px;"></div>	List of People ▾ <div style="border: 1px solid #ccc; height: 150px;"></div>

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Map Your Social Network

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Consider your list of family and other important people in your personal network. We'd like to know more about how you feel about your relationships with these people. Please indicate all of the people who you can count on for help or support in the manner described. You can select more than one person in response to each question.

- Who feels comfortable sharing their feelings with you?**
- Who discusses their health with you?**
- Who do you console when they are upset?**
- Who comes to you for advice?**

List of People <input type="text"/>	List of People <input type="text"/>	List of People <input type="text"/>	List of People <input type="text"/>
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Map Your Social Network

Now we're going to ask you some questions about the relationships between members of your personal network. Here, we want you to think about how people in your network get along and interact with each other. Please think carefully about each question and answer to the best of your ability.

Does "PERSON A" know "PERSON B"?

Yes No Don't Know

How often, to the best of your knowledge, did "PERSON A" and "PERSON B" have contact during the past 3 months or so, either face-to-face, by phone, mail, or e-mail?

Never	Rarely	Sometimes	Often	I Don't Know
0	1	2	3	4
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

On a scale of 1 to 7, where 1 is "not close at all" and 7 is "very close", how close do you feel "PERSON A" and "PERSON B" are to each other?

Not close at all			Very close			
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 of 1 to 7, where 1 is "Never in conflict" and 7 is "Always in conflict", how often do you feel "PERSON A" and "PERSON B" are in conflict with each other?

Never in conflict			Always in conflict			
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"/>

Does "PERSON A" feel comfortable sharing his/her feelings with "PERSON B"?

Yes No Don't Know

Does "PERSON A" discuss his/her health with "PERSON B"?

Yes No Don't Know

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Does "PERSON A" console "PERSON B" when he/she is upset?

Yes No Don't Know

Does "PERSON A" go to "PERSON B" for advice?

Yes No Don't Know




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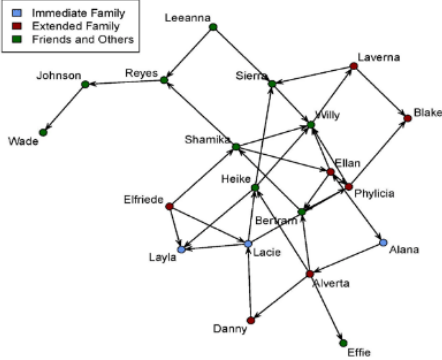
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Map Your Social Network

Your Social Network:



Legend:

- Immediate Family (Blue square)
- Extended Family (Red square)
- Friends and Others (Green square)

Network nodes include: Leeanna, Laverna, Blake, Willy, Sienna, Reyes, Johnson, Wade, Shamika, Heike, Benjamin, Lacie, Layla, Elfriede, Danny, Effie, Phylicia, Alana, and Ivarta.

<http://research.nhgri.nih.gov/SocialGenome/>

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file:///C:/Documents%20and%20Settings/davidk/Desktop/survey-screen-shots/done.html

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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 35 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.

Done