

Landing page



Form Approved
OMB No. XXXX-XXXX
Exp. Date: XXXXXXXX

Welcome to the *What do you have to say about cancer?* survey

NORC at the University of Chicago is conducting a survey sponsored by the Centers for Disease Control and Prevention. This survey is to learn about your genetic testing for cancer risk and how your family talks about cancer risk. Your participation will help us identify aspects of family communication about cancer and genetic testing to better understand how such information is shared in families.

The survey will take about 20 minutes to complete. The survey will include general demographics and questions related to health and cancer in your family.

Any information you provide will be maintained in a secure manner. No one will know how you answered the questions. Only project staff will have access to the study data. The data we collect from you will be combined with data from other participants.

You taking the survey is your choice. You may skip questions you do not want to answer and you can stop the survey at any time. Eligible participants will receive a \$5 Amazon gift card at the end of the survey.

[Start Survey](#)



If you have any questions about the survey, you can call the NORC IRB Administrator toll-free at: 866-309-0542.

BURDEN STATEMENT

Public reporting burden of this collection of information is estimated to average 30 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 CDC/ATSDR, Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-1154).

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Preliminary Screens



Please confirm you are not a robot.



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For technical support, please call 1-312-201-4412 or send an email to CancerSurvey@norc.org.



What do you have to say about cancer?

In case you need to exit the survey and complete it at a later time or you get disconnected, please enter your email address so we can send you a link to reaccess the survey.

Please enter your email address:

Please reenter your email address:

Prefer not to answer

BACK **NEXT**

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Instructions - Out of Gift Codes Scenario



Thank you for agreeing to participate in our study.

Please use the "Next" and "Back" buttons to navigate between the questions within the questionnaire. You can exit the survey at any time and your progress will be saved for later completion when you use the "Save and Exit" button. Please do not use your browser's navigation buttons. **WARNING: We do not have any more gift codes available today, but you may continue to take the survey and will receive a gift code in the next 2-3 business days via email. Your gift code will also be available at the link below in 1-2 business days. If you prefer, you can wait and complete the survey later when more gift codes are available using the provided link.**

If you step away from your computer for an extended period of time, your session may time out and you may not be able to continue with your current survey session. You can resume your survey later for any reason by using the following link:

<https://atest-cawi.norc.org/SE/?st=DwKo60S6YzqZ74vuUD%2fe0a2wrf%2f7gSAaR019h43Rjnu%3d&p=D7Q1W6>

Please save this link or [print](#) it for your records.

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[SAVE & EXIT](#)

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Instructions



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<https://atest-cawi.norc.org/SE/?st=DwKo60S6YzqZ74vuUD%2feOa2wrf%2f7gSAaR019h43Rjnu%3d&p=D7Q1W6>

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AGE



What do you have to say about cancer?

How old are you?

years

Prefer not to answer

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CANCER



**What do you have to
say about cancer?**

Have you EVER been told by a doctor or other health professional that you have had cancer or a malignancy of any kind?

- Yes
- No
- Don't know
- Prefer not to answer

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CANCERTYPE



What do you have to say about cancer?

We would like to learn about the type(s) of cancer you have experienced.

Could you please tell us what type(s) of cancer you were diagnosed with?

Lymphoma

Please click on this box if you would like to enter more than one kind of cancer

Thyroid

Please click on this box if you would like to enter more than two kinds of cancer

Bone

Please click on this box if you would like to enter more than three kinds of cancer

Don't know

Prefer not to answer

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DIAGNOSIS



What do you have to say about cancer?

How old were you when you were first diagnosed?

years

Don't know

Prefer not to answer

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Error message:



What do you have to say about cancer?

How old are you?

years

Prefer not to answer

We would appreciate if you can provide a response. That way, we can direct you to the correct questions in the following questionnaire.

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FAMILYEVERHADCANCER



Have any of your family members ever had breast, ovarian, or colorectal cancer?

Colorectal cancer is also known as colon cancer, rectal cancer, or bowel cancer.

- Yes
- No
- Don't know
- Prefer not to answer

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POSSIBLETESTING / RECOMMENDTESTING / RECEIVEDTESTING



The following questions refer to genetic TESTING for cancer risk. That is, testing your blood to see if you carry genes which may predict a greater chance of developing cancer at some point in your life. This does NOT include tests to determine if you have cancer now. Do not include self-testing kits administered at home.

	Yes	No	Don't know	Prefer not to answer
Have you ever discussed the possibility of getting a genetic test for cancer risk with a doctor or other health professional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a medical doctor ever recommended that you get a genetic test for cancer risk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have you ever had a genetic test to determine if you are at greater risk of developing cancer in the future?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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RELATIVEUNDERGONETESTING



Please indicate which of your relative(s) have undergone genetic testing.

	Yes	No	Don't know	Prefer not to answer
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daughter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Son	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal grandmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paternal grandfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father's sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father's brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal grandmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maternal grandfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother's sister	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother's brother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Not Eligible



Unfortunately, you are not eligible to participate in this survey.

Thank you for your interest.

EXIT

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Save and Exit



Are you sure you want to exit the survey?

If you reached this page by mistake, please click **BACK** to return to the survey.

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Your survey results and progress have been saved!

Please return when you are ready to continue using the following link:

<https://atest-cawi.norc.org/SE/?st=KCQdkraS2AqJgTXQdvKuambdbrSongYJPKrszftxfW4%3d&p=U5P2I2>

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