

SEX



Are you male or female?

- Male
- Female

- Prefer not to answer

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FATHERCANCER



We would like to ask you a few questions about your family history of cancer.

Did your BIOLOGICAL FATHER EVER have cancer of any kind?

- Yes
- No
- Adopted or don't know biological father
- Don't know

- Prefer not to answer

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FATHERCANCERTYPE1-4



What kind of cancer did your father have? Please enter all that apply.

Colon

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

Skin (non-melanoma)

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

Brain

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

Liver

Don't know

Prefer not to answer

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MOTHERCANCER



Did your BIOLOGICAL MOTHER EVER have cancer of any kind?

Yes

No

Adopted or don't know biological mother

Don't know

Prefer not to answer

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MOTHERCANCERTYPE1-4



What kind of cancer did your mother have? Please enter all that apply.

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

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

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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NUMBROTHERS



How many full brothers do you have?

By full brothers we mean having the same biological mother and father as you.
Please include any who are alive and those who may have died.

Don't know

Prefer not to answer

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BROTHERCANCER



Did any of your full brothers EVER have cancer of any kind?

By full brothers we mean having the same biological mother and father as you.
Please include any who are alive and those who may have died.

- Yes
- No
- Don't know

- Prefer not to answer

How many of your full brothers have EVER had cancer of any kind?

-
- Don't know
- Prefer not to answer

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BROTHERCANCERTYPE1-4



What kind of cancer did your full brothers have? Please enter all that apply.

By full brothers we mean having the same biological mother and father as you. Please include any who are alive and those who may have died.

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

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

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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NUMBROTHERCANCER1-4



How many full brothers have had bladder cancer?

Don't know

Prefer not to answer

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NUMSISTERS



How many full sisters do you have?

By full sisters we mean having the same biological mother and father as you. Please include any who are alive and those who may have died.

Don't know

Prefer not to answer

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SISTERCANCER



Did any of your full sisters EVER have cancer of any kind?

By full sisters we mean having the same biological mother and father as you. Please include any who are alive and those who may have died.

Yes

No

Don't know

Prefer not to answer

How many of your full sisters have EVER had cancer of any kind?

Don't know

Prefer not to answer

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SISTERCANCERTYPE1-4



What kind of cancer did your full sisters have? Please enter all that apply.

By full sisters we mean having the same biological mother and SISTER as you. Please include any who are alive and those who may have died.

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

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

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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NUMSISTERCANCER1-4



How many full sisters have had mouth/tongue/lip cancer?

Don't know

Prefer not to answer

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NUMBERSONS



How many biological sons do you have?

By biological we mean genetically related; related by blood.
Please include any who are alive and those who may have died.

Don't know

Prefer not to answer

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SONCANCER



Did any of your biological sons EVER have cancer of any kind?

By biological we mean genetically related; related by blood.
Please include any who are alive and those who may have died.

Yes

No

Don't know

Prefer not to answer

How many of your biological sons have EVER had cancer of any kind?

Don't know

Prefer not to answer

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SONCANCERTYPE1-4



What kind of cancer did your sons have? Please enter all that apply.

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

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

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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NUMSONCANCER1-4



How many sons have had bladder cancer?

Don't know

Prefer not to answer

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NUMBERDAUGHTERS



How many biological daughters do you have?

By biological we mean genetically related; related by blood.
Please include any who are alive and those who may have died.

Don't know

Prefer not to answer

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DAUGHTERCANCER



Did any of your biological daughters EVER have cancer of any kind?

By biological we mean genetically related; related by blood.
Please include any who are alive and those who may have died.

Yes

No

Don't know

Prefer not to answer

How many of your biological daughters have EVER had cancer of any kind?

Don't know

Prefer not to answer

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DAUGHTERCANCERTYPE1-4



What kind of cancer did your daughters have? Please enter all that apply.

Lymphoma

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

Bone

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

Rectum

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

Search cancer type...

Don't know

Prefer not to answer

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NUMDAUGHTERCANCER1-4



How many daughters have had lymphoma cancer?

Don't know

Prefer not to answer

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NUMSECONDCANCER



The next few questions are about the number of blood relatives who have been diagnosed with breast or ovarian cancer.

How many of your grandparents, aunts, uncles, nieces, nephews, or grandchildren have ever been diagnosed with breast cancer?

Please answer only for the blood relatives listed.

Don't know

Prefer not to answer

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SECBREASTCAN



How many of them were diagnosed with breast cancer before the age of 50?

Don't know

Prefer not to answer

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SECOVARIANCAN



How many of your grandmothers, aunts, nieces, or granddaughters have ever been diagnosed with ovarian cancer?

Don't know

Prefer not to answer

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CANCERWORRY



How worried are you about getting cancer?

Extremely

Moderately

Somewhat

Slightly

Not at all

Prefer not to answer

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WORRYCANCSPECIFIC/ WORRYBACKOFMIND/ WORRYCHANCECANCER



In general, how much do you agree with the following?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Prefer not to answer
I think about breast/ovarian/colorectal cancer more than most diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting breast/ovarian/colorectal cancer is often in the back of my mind	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am often bothered by thoughts or worry about my chances of getting breast/ovarian/colorectal cancer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PERCEIVEDCOLONCANCERRISK



Compared to the average woman your age, would you say that you are more likely to get colon or rectal cancer, less likely, or about as likely?

- More likely
- Less likely
- About as likely
- Don't know
- Prefer not to answer

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PERCEIVEDBREASTCANCERRISK



Compared to the average woman your age, would you say that you are more likely to get breast cancer, less likely, or about as likely?

- More likely
- Less likely
- About as likely
- Don't know

- Prefer not to answer

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PERCEIVEDOVARCANCERRISK



Compared to the average woman your age, would you say that you are more likely to get ovarian cancer, less likely, or about as likely?

- More likely
- Less likely
- About as likely
- Don't know

- Prefer not to answer

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PRIMARYPLACEFORHEALTHADVICE



Is there a place that you most frequently go to when you are sick or need advice about your health?

- Yes, clinic or health center
- Yes, doctor's office
- Yes, hospital emergency room
- Yes, hospital outpatient department
- Yes, urgent care clinic
- Yes, some other place
- There is NO place
- Don't know

- Prefer not to answer

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DOCTORRISK



The next questions are about your primary care provider. A primary care provider is the person you would see if you need a check-up, want advice about a health problem, or get sick or hurt.

Have you talked with your primary care provider about what your family history of cancer might mean for your own health and cancer risk?

Please do not include conversations with specialists, such as oncologists.

- Yes, we've talked about this in depth
- Yes, we've talked about this a little
- No

- Prefer not to answer

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DOCTORRISK2



Has a doctor, or other health professional, ever told you that you have a higher chance of getting cancer than other women your age?

- Yes
- No
- Don't know

- Prefer not to answer

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COMSATSIFIED



How satisfied are you with the level of communication you have had with your primary care provider about your family's history of cancer and your own cancer risk?

- Very satisfied
- Satisfied
- Neither
- Dissatisfied
- Very dissatisfied

- Prefer not to answer

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DOCEASYTOUNDERSTAND



Did your primary care provider explain things about your family's history of cancer and your own cancer risk in a way that was easy to understand?

- Yes
- No

- Prefer not to answer

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DOCLISTEN



Did your primary care provider listen carefully to you about your family's history of cancer and your own cancer risk?

- Yes
- No

- Prefer not to answer

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COUNSELING



These next few questions refer to genetic counseling for cancer risk. Genetic counseling involves a discussion with a specially trained health care provider about your family history of cancer and how likely you are to develop cancer. It may also include a discussion about whether genetic testing is right for you.

Have you ever received genetic counseling for cancer risk?

- Yes
- No
- Don't know

- Prefer not to answer

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COUNSELINGREASON



What was the MAIN reason you had genetic counseling?

- Your doctor recommended it
- You requested it
- Family member suggested it
- You heard or read about it in the news
- Other
- Don't know

- Prefer not to answer

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COUNSATISFIED



How satisfied are you with the level of communication you have had with your genetic counselor about your family's history of cancer and your own cancer risk?

- Very satisfied
- Satisfied
- Neither
- Dissatisfied
- Very dissatisfied

- Prefer not to answer

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BRCATEST



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.

Have you ever had genetic testing for a BRCA1 or BRCA2 mutation for increased breast and ovarian cancer risk?

- Yes
- No
- Don't know

- Prefer not to answer

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TESTRESULTBR



What was the result of your BRCA test?

- I carry a gene mutation that is associated with greater cancer risk for me or my family
- I was found to have a gene mutation, but it is not clear whether it is associated with cancer risk for me or my family
- No gene mutation was found
- Don't know

- Prefer not to answer

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LYNCHTEST



Have you ever had genetic testing for Lynch Syndrome or hereditary colorectal cancer?

- Yes
- No
- Don't know

- Prefer not to answer

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TESTRESULTLYNCH



What was the result of your genetic test for hereditary colorectal cancer?

- I carry a gene mutation that is associated with greater cancer risk for me or my family
- I was found to have a gene mutation, but it is not clear whether it is associated with cancer risk for me or my family
- No gene mutation was found
- Don't know
- Prefer not to answer

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SHARERESULTSMOTHER/SHARERESULTSFATHER/SHARERESULTSPARTNER/SHARERESULTSSISTER/SHARE
RESULTSBROTHER



Please indicate if you have shared your most recent genetic test result(s) with any of the following people.

	Yes	I plan to, but not yet	No (I do not plan to share the result)	I haven't decided	Not applicable	Prefer not to answer
Mother	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spouse/Partner	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sister(s)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother(s)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SHARERESULTSDAUGHTER/SHARERESULTSSON/SHARERESULTSAUNTUNCLE/SHARERESULTSCOUSIN



Please indicate if you have shared your most recent genetic test result(s) with any of the following people.

	Yes	I plan to, but not yet	No (I do not plan to share the result)	I haven't decided	Not applicable	Prefer not to answer
Daughter(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Son(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uncle/Aunt(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cousin(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SHAREDATE



When did you first share your genetic test result(s) with your mother?

- Within a week
- Within a year
- Don't know

- Prefer not to answer

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FINFORMEDVIATEXT/ FINFORMEDVIAEMAIL/FINFORMEDVIAPHONE/ FINFORMEDVIAPERSON/
FINFORMEDGRAPEVINE/ FINFORMEDVIAOTHER



When you FIRST informed FEMALE relatives of your genetic test result, which of the following methods did you use?

	Yes	No	Don't know	Prefer not to answer
Sent a text	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent an email	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told them on the phone	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told them in person	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I told someone who then told someone else (through the grapevine)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other method	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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MINFORMEDVIATEXT/ MINFORMEDVIAEMAIL/ MINFORMEDVIAPHONE/ MINFORMEDVIAPERSON/
MINFORMEDGRAPEVINE/ MINFORMEDVIAOTHER



When you FIRST informed MALE relatives of your genetic test result, which of the following methods did you use?

	Yes	No	Don't know	Prefer not to answer
Sent a text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sent an email	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told them on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Told them in person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I told someone who then told someone else (through the grapevine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other method	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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NOCONTACT/NOTCLOSE/NOTCARE/NOTUPSET /NOTATRISK/WHATTOSAY/DIFFCOPING/TOOYOUNG/
NOTALKOTH



Now I'd like you to think about those family members you said you didn't speak with about increased cancer risk. People have many different reasons for speaking with their family members and for not speaking with their family members. Below is a list of some of the reasons people have for not speaking to their family members about cancer risk. Please slide the bar to indicate how much each reason applies to you on a scale of 1 to 5, where 1 is not at all applicable to you, and 5 is very applicable to you.

		Don't Know	Prefer not to answer
You are not in contact with him/her.	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
The two of you are not close.	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
He/she wouldn't care.	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
You didn't want to upset him/her	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
He/she is not at risk for developing cancer.	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
You didn't know what to say to him/her.	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
You were having difficulty coping with your own risk for cancer.	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
You feel that he/she is too young to understand.	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>
Other (please specify)	not at all applicable <input type="range" value="1"/> very applicable	<input type="radio"/>	<input type="radio"/>

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RELATIVESTESTINGRESULT1-4



What was the test result for your mother?

- Test was positive for the mutated gene
- Test was negative for the mutated gene
- Test was not informative/indeterminate/of unclear significance
- I don't know the test result

- Prefer not to answer

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RELMINFORMED



How were you FIRST informed of your mother's test results?

- Received a text
- Received an email
- Told on the phone
- Told in person
- Heard through the grapevine
- Other method
- Don't know

- Prefer not to answer

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BREASTTESTS



Have you had any of the following tests?

	Yes	No	Don't know	Prefer not to answer
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Additional mammogram(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PREVENTION



Which of the following, if any, have you done in order to reduce your risk of cancer?

	Yes	No	Don't know	Prefer not to answer
Removal of breasts that didn't have cancer (mastectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Removal of ovaries that didn't have cancer (oophorectomy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taking Tamoxifen or Raloxofine (or other chemopreventive drug)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quit smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cut back on or quit drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Increased exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Healthier diet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SEEKCANCERINFO



Have you ever looked for information about genetic risk of cancer from any source?

- Yes
- No

- Prefer not to answer

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INFOSEEK



The last time you looked for information about cancer or cancer screening, where did you go?

- Internet
- Books
- Brochures or pamphlets
- Cancer organization
- Family, friend, or co-worker
- Doctor or health care provider
- Library
- Magazine or newspaper
- Telephone information number
- Complementary or alternative practitioner

- Prefer not to answer

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CANCERLEVELOFEFFORT/CANCERFRUSTRATED/CANCERCONCERNEDQUALITY/CANCERHARDTOUNDERST
AND



Based on the results of your most recent search for genetic information about cancer, how much do you agree or disagree with each of the following statements?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Prefer not to answer
It took a lot of effort to get the information you needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You felt frustrated during your search for the information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You were concerned about the quality of the information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The information you found was hard to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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SHARECANCERWORRIES



The next section is about communication among your family members.

Now we would like to ask you some questions about how information about cancer is discussed within your family overall. All families have different styles of communicating information and there is no one right or wrong way to discuss information within families. Please read the following statements about different communication styles and select how strongly you agree or disagree with each statement.

I have someone I trust that I can talk to about my concerns about developing cancer

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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SPEAKOPENLY



My family speaks openly about their worries about other family members developing cancer.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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LISTENCONCERNS



My family listens to each other's concerns about cancer.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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ENCOURAGESHARE



My family encourages family members to share their concerns about cancer.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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COMFORTNO



My family feels comfortable discussing cancer topics.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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OFFLIMITS



For certain family members the topic of cancer is 'off-limits.'

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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CHANGETOPIC



When family members do not want to discuss cancer, they change the topic or leave the room.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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BECOMEANGRY



Members of my family will become angry when the topic of cancer is discussed.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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AVOIDTOPIC



When certain family members are around, we avoid bringing up the topic of cancer.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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ENCOURAGEFAMGENTESTING



When a genetic test showed that I or my family had an increased risk for cancer, I...

Encouraged my family members to get genetic testing

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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ENCOURAGECHILDBROSISSCREEN



When a genetic test showed that I or my family had an increased risk for cancer, I...

Encouraged my children/brothers/sisters to begin or increase their cancer screening

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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FAMWORRYFROMRESULTS



If I told my family members about my genetic test result I believe it would cause them a lot of worry and concern.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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DESIRETODISCUSSGENTESTRESULTS



For me, talking to my family members about my genetic test result is:
Please slide the bar from 1 to 5 to select your answer.

Very easy Very difficult

- Don't Know
- Prefer not to answer

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GENTESTRESULTRESPONSIBILITY



Talking to my family members about my genetic test result is my responsibility:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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COMMINGFLUENCESFAMDECMMAKING



Talking to my family members about my genetic test result gave them information that was useful for them when making their own decisions about their health:

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know

- Prefer not to answer

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FAMDISCUSSHISTORY/ FAMDISCUSSTESTINGREASON/ FAMDISCUSSSCREENING/
FAMDISCUSSPREVSURGERY



Did you discuss any of the following topics with any of your family members?

	Yes	No	Don't know	Prefer not to answer
Your family history of cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The reasons why you decided to be tested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cancer screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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FAMDISCUSSTESTFEELINGS/ FAMDISCUSSBRCA1/2GENE/ FAMDISCUSSBRCA1/2COST/
FAMDISCUSSINSURANCEDISCRIM



Did you discuss any of the following topics with any of your family members?

	Yes	No	Don't know	Prefer not to answer
Your feelings about your test result	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
His/her risk of having an altered BRCA1/2 gene	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of BRCA1/2 genetic testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The possibility of insurance discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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GENINFORESPONSIBILITY



Who do you think should be responsible for disclosing genetic information to at-risk relatives?

	Yes	No	Don't know	Prefer not to answer
Geneticist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physicians	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myself or the person who has attended genetic counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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PROVIDERRESOURCESFORFAMRISK



Did your health care provider (genetic counselor, physician, nurse, etc.) provide you resources to help you inform family members about cancer risk?

	Yes	No	Prefer not to answer
They provided me a template for a letter to family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They provided a brochure or other printed material from the health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They provided material from the laboratory that did the testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They told me about organization(s) that serve people with hereditary cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They provided me with another type of information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not provided with any resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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RESOURCESFORFAMRISK



Who provided you with resources to help you inform family members about cancer risk?

	Yes	No	Prefer not to answer
Genetic counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OB/GYN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oncologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laboratory who performed the test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was not provided with any resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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RESOURCEHELPFUL



Please select how much you agree with the following statements.

The resources provided were helpful in my discussions with family members about family cancer history.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

- Prefer not to answer

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ENOUGHINFO



I have enough information about genetics and cancer to speak with family members.

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree

- Prefer not to answer

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OTHERINFO



What other information would be useful for discussions about cancer family history?

	Yes	No	Prefer not to answer
More discussion with genetic counselor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discussions with physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Printed materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referral to support group	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Something else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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MARITALSTATUS



Finally, we have a few demographic questions.

What is your marital status?

- Married
- Living as married
- Divorced
- Widowed
- Separated
- Single, never been married

- Prefer not to answer

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CURRINS



Are you covered by any kind of health insurance or some other kind of health care plan?

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

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INSURTYPE



What kind of health insurance or health care coverage do you have?
Exclude private plans that only provide extra cash while hospitalized.

	Yes	No	Prefer not to answer
Private health insurance, including those obtained through a state or federal exchange or healthcare.gov, or through the Affordable Care Act, also known as Obamacare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medi-Gap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medicaid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SCHIP	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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What kind of health insurance or health care coverage do you have?
Exclude private plans that only provide extra cash while hospitalized.

	Yes	No	Prefer not to answer
Military health care (TRICARE/VA/CHAMP-VA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indian Health Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
State-sponsored health plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other government program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Single service plan (e.g. dental, vision, prescription)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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EDUCATIONGP



Finally, we have a few questions solely for statistical purposes.

What is the highest grade or level of schooling you completed?

- Grade 11 or less
- Completed high school
- Post high school training other than college (vocational or technical)
- Some college
- College graduate
- Postgraduate or graduate degree

- Prefer not to answer

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ORIENTATION



Which of the following best represents how you think about yourself?

- Lesbian or Gay
- Straight, that is, not lesbian or gay
- Bisexual
- Something else
- I don't know how to answer

- Prefer not to answer

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IDENTITY



How do you describe yourself? (Select One)

- Female
- Male
- Transgender
- Do not identify as female, male, or transgender

- Prefer not to answer

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HISPLATINOSPAN



Are you of Hispanic, Latina, or Spanish origin?

- Yes
- No

- Prefer not to answer

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HISPLATINOSPANGROUP



Which group are you from?

- Mexican, Mexican American, Chicana
- Puerto Rican
- Cuban
- Dominican
- Central or South American
- Other Hispanic, Latina, or Spanish origin

- Prefer not to answer

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RACE



What is your race? You may select multiple categories.

- White
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Alaska Native

- Prefer not to answer

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OCCUPATIONALSTATUS/ OTHEROCCUPATION



What is your current occupational status?

- Employed
- Unemployed
- Homemaker
- Student
- Retired
- Disabled
- Other-Specify

- Prefer not to answer

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HOUSEHOLDINCOME



Thinking about all the members of your family living in your household, what is your combined annual income, meaning the total pre-tax income from all sources earned in the past year?

- Less than \$20,000
- \$20,000 to \$49,999
- \$50,000 to \$99,999
- \$100,000 to \$199,999
- \$200,000 or more
- Don't know

- Prefer not to answer

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Gift Card



Congratulations, you are eligible for a \$5 Amazon gift card. Would you like to collect your gift card?

- Yes
- No

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Would you like us to email the gift code number to you?

- Yes
- No

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Below is your gift code number:

2DDP-VRDD3S-BN8S

Please write this down or [print](#) it for your records.

This is the end of the survey.

Thank you very much for your time and effort.

If you would like information regarding genetic testing or treatment resources, please visit the following CDC webpage: <https://www.cdc.gov/cancer/dcpc/resources/index.htm>.

If you would like more information about the study, please call 312-201-4412 or send an email to CancerSurvey@norc.org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

SUBMIT

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

End screen



What do you have to
say about cancer?

This is the end of the survey.

Thank you very much for your time and effort.

If you would like information regarding genetic testing or treatment resources, please visit the following CDC webpage: <https://www.cdc.gov/cancer/dcpc/resources/index.htm>.

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