# Attachment 3d: High Risk Follow-Up Survey

Public reporting burden of 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 CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

#### HIGH-RISK FOLLOW UP WEB QUESTIONNAIRE

#### WINTRO\_1 Thank you for agreeing to participate in our study!

Please use the "Next" and "Back" buttons to navigate between the questions within the questionnaire. <u>Do not use your browser buttons</u>.

If at any time during the survey, you would like to exit, please use the "Save & Exit" button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.

#### WEBINEM1/WEBINEM2/WEBINPH1/WEBINPH2

In case you need to exit the survey and complete it at a later time or you get disconnected, please [enter/confirm] your email address so we can send you a link to re-access the survey.

Please enter your email address: Please reenter your email address:

Prefer not to answer

<Programmer Note: If respondent was recruited by email, please autofill email address here. If accessing from email, use "confirm" else use "enter" >

<Programmer: If respondent logging back into survey>

#### WINTRO\_2 Welcome Back!

Please use the "Next" and "Back" buttons to navigate between the questions within the questionnaire. <u>Do not use your browser buttons</u>.

If at any time during the survey, you would like to exit, please use the "Save & Exit" button above. Using this button will save all of the data you have already entered and ensure you are able to return to the same location to complete the survey.

O Continue from where I left off

#### Section I. General Health

Thank you for your [continued] participation in this important study! For this [follow up] survey, we will start by asking you a few questions about your health.

	<pre><programmer autofills="" by="" email="" if="" note:="" recruited="" respondent="" use=""></programmer></pre>
Q1.	In general, how is your health? Would you say it is?
	<ul> <li>Excellent</li> <li>Very good</li> <li>Good</li> <li>Fair</li> <li>Poor</li> <li>Prefer not to answer</li> </ul>
Q2.	CANCER (NHIS – CANEV). Have you EVER been told by a doctor or other health professional that you have had cancer or a malignancy of any kind?
	<ul> <li>○ Yes</li> <li>○ No</li> <li>○ Don't know</li> <li>○ Prefer not to answer</li> </ul>
	<pre><programmer: cancer="Yes," cancertype.="" continue="" else,="" if="" to="" ynmom.=""></programmer:></pre>
<b>Q3.</b>	CANCERTYPE (NHIS) What kind of cancer was it?
Q4.	DIAGNOSIS (NHIS) How old were you when you were first diagnosed? years

### Section II. Family Communication

The following questions will ask about your communication with family members.

<b>Q</b> 5.	ADOPT. Are	you ac	lopted?			
	<ul><li>○ Yes</li><li>○ No</li><li>○ Prefer n</li></ul>	ot to a	nswer			
<b>Q6.</b>	Are your <u>biol</u>	<u>ogical</u>	parents still living?	By biological,	, we mean relate	d by blood.
			<programmer note<="" th=""><th>: Put two iten</th><th>ns on same scree</th><th>n&gt;.</th></programmer>	: Put two iten	ns on same scree	n>.
	YNMOM	$O_{\mathbf{D0}}$				
	YNDAD	$O \mathbb{D}_{0}$				
<b>Q</b> 7.		d the n	umber who may ha			enter the number that relative listed, please
	<program< td=""><td></td><td>ote: Show this list of r ive at a time on each</td><td></td><td></td><td>re should be only one e items&gt;</td></program<>		ote: Show this list of r ive at a time on each			re should be only one e items>
				Living	Deceased	Not Applicable
	YNSISTER YNHSISTER YNBROTHE YNHBROTH YNDAUGHT YNSON YNGRANDP YNGRANDC	R ER ER	Full Sister(s) Half Sister(s) Full Brother(s) Half Brother(s) Daughter(s) Son(s) Grandparent(s) Grandchild(ren)			

	YNUNCLE YNAUNT	Uncle(s) Aunt(s)
	YNCOUSIN	Cousin(s)
		<pre><programmer if="" living="0," note:="" skip="" sonsage="" then="" ynson=""></programmer></pre>
Q8.	SONSAGE. Ho	ow many biological sons do you have in the following age ranges?
	0-5	
	6-12	
	13-17	
	18 or older	
	O Don't kn O Prefer no	ow ot to answer
	<progr< th=""><th>ammer Note: If YNDAUGHTER living=0, then skip DAUGHTERSAGE&gt;</th></progr<>	ammer Note: If YNDAUGHTER living=0, then skip DAUGHTERSAGE>
<b>Q</b> 9.	DAUGHTERS. ranges?	AGE. How many biological daughters do you have in the following age
	0-5	
	6-12	
	13-17	
	18 or older	
	O Don't kn O Prefer no	ow ot to answer

## Section III. Genetic Counseling

Q10.	COUNSELING (NHIS 2015 - GCEVER). 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
	$\bigcirc$ N <sub>0</sub>
	O Don't know
	O Prefer not to answer
	<pre><programmer: counseling="Yes," counselingsatisfied.="" else="" flearn="" go="" if="" skip="" to=""></programmer:></pre>
Q11.	COUNSATISFIED (NIEHS) How satisfied are you with the communication you have had with your genetic counselor about your cancer risk?
	O Very satisfied
	○ Satisfied
	O Neither satisfied nor dissatisfied
	○ Dissatisfied
	○ Very dissatisfied
	O Prefer not to answer

#### Section IV. Genetic Testing

Now we are going to ask you about your experiences with genetic testing.

#### Q12. FLEARN. How did you hear about genetic testing?

	Yes	No	Don't	Prefer not to
			know	answer
A friend				
A family member				
A nurse, doctor, or other healthcare provider				
Twitter, Facebook, or Snapchat				
Other social media, online advertisements, Google,				
or other internet sources				
Posters, signs, or billboards				
Ads or campaigns in the community				
Any other place, specify				

# Q13. DECISONCONFLICT (DECISIONAL CONFLICT SCALE). We would now like for you to think back about your decision to get genetic testing. Please rate your level of agreement with each of the following:

<Programmer Note: Items placed in matrix. Six items on first screen, five items on second, and four on the third.>.

I knew which options were available to me.

I knew the benefits of genetic testing.

I knew the risks of genetic testing.

I was clear about which benefits mattered most to me.

I was clear about which risks mattered most to me.

I was clear about which was more important to me (the benefits or the risks).

I had enough support from others to make a choice.

I was choosing without pressure from others.

I had enough information to make a choice.

I was clear about the best choice for me.

I felt sure about what to choose.

The decision was easy for me to make.

I feel I made an informed choice.

My decision shows what is important to me.

I am satisfied with my decision.

0	Strongly agree
0	Agree
0	Neither agree nor disagree
	Disagree

0	<b>Strongly</b>	disagree
---	-----------------	----------

# **Q14. DECISION. Who was involved in your decision to get genetic testing?** *Please check all that apply.*

		Yes	No	Don't know	Prefer not to answer
DECMOTHER	Mother				
DECFATHER	Father				
DECSISTER	Full Sister(s)				
DECHSISTER	Half Sister(s)				
<b>ECBROTHER</b>	Full Brother(s)				
DECHBROTHER	Half Brother(s)				
DECDAUGHTER	Daughter(s)				
DECSON	Son(s)				
DECGRANDP	Grandparent(s)				
DECGRANDC					
Grandchild(1	ren)				
DECUNCLE	Uncle(s)				
DECAUNT	Aunt(s)				
DECCOUSIN	Cousin(s)				
DECFRIEND	Friend(s)				
DECSPOUSE	Spouse/Partner				

<sup>&</sup>lt;Programmer Note: Always show Spouse/Partner and friend(s). For relatives, only show those
that respondent entered as living in RELATIV AND RELATIV2.>

## Q15. DECISION2. How involved were each of these relatives in your decision to get genetic testing?

<programmer< th=""><th>Note:</th><th>Show</th><th>list of neor</th><th>de selected</th><th>in DECISION&gt;</th></programmer<>	Note:	Show	list of neor	de selected	in DECISION>

$\sim$	<b>T</b> 7	•		
( )	Very	m	volv	חמי
$\sim$	V CI V		4 O I 4	Cu

- Somewhat involved
- $\bigcirc$  Not very involved
- O Don't Know
- O Prefer not to answer

O Prefer not to answer

We previously asked if you ever had genetic testing. Now, we would like to ask you about the type of genetic testing you had.

Q16. BRCATEST. Have y increased breast and o	ou ever had genetic testing for a BRCA1 or BRCA2 mutation for varian cancer risk?
$\circ$ Yes	
$\circ$ No	
O Don't know	
O Prefer not to answ	/er
<programmer: brg<br="" if="">Else, go to TESTR</programmer:>	CATEST = No, Don't know or Prefer not to answer, go to LYNCHTEST. PESULTBR.>
Q17. TESTRESULTBR. V	What was the result of your BRCA test?
O I was found to have	tation that is associated with greater cancer risk for me or my family we a gene mutation, but it is not clear whether it is associated with he or my family (also known as a variant of unknown significancer or
O No gene mutation	was found
O Don't know	Will Touris
O Prefer not to answ	/er
Q18. BRCARESULT. We mutation?	re you surprised by the results of your genetic test(s) for the BRCA
$\circ$ Yes	
$\circ$ No	
O Don't know	
O Prefer not to answ	/er
Q19. LYNCHTEST. Have colorectal cancer?	you ever had genetic testing for Lynch Syndrome or hereditary
○ Yes	
$\circ$ No	
O Don't know	
O Prefer not to answ	/er
<programmer: if="" lyn<br="">Else, go to TESTR</programmer:>	NCHTEST = No, Don't know or Prefer not to answer, go to FINFORM. PESULTLYNCH.>

Q20.	. TESTRESULTLYNCH. What was the result of your genetic test for hereditary colorectal cancer?
	<ul> <li>○ I carry a gene mutation that is associated with greater cancer risk for me or my family</li> <li>○ 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</li> <li>○ No gene mutation was found</li> <li>○ Don't know</li> </ul>
	O Prefer not to answer
Q21.	. LYNCHRESULT. Were you surprised by the results of your genetic test(s) for Lynch Syndrome?  ○ Yes ○ No ○ Don't know ○ Prefer not to answer
	Have you ever had genetic testing for any other genetic mutations that may increase your cancer risk? Yes No Don't Know
	[If answered yes to any item on having genetic testing] Where did you have genetic testing? Blood test at doctor's office Blood test at genetic counselor's office Spit in mail kit (like those from 23andme, or Color Genomics) Other, please specify:
	[if had testing through spit in mail kit:] Which laboratory did you use for your mail in genetic testing? 23andMe Color Genomics Counsyl Invitae Other, please specify:

# Q22. FINFORM. The following questions refer to [BRCA/Lynch] testing or any other variants related to [breast/colorectal] cancer. How were you FIRST informed of your genetic test results?

[Programmer: If BRCATEST=Yes, autofill BRCA and breast cancer. Else, if BRCATEST=No and LYNCHTEST=Yes, then autofill with Lynch and colorectal cancer. Else if BRCATEST=No and LYNCHTEST=No, then use "...refer to genetic testing for cancer. How were you FIRST informed of your genetic test results?">

•
ease specify
ver
tisfied were you with this form of communication?
d
or dissatisfied
.c.:_J
sfied
snea
stied

<b>~</b>	provider via each of	f the following methods of communication?
	RECEIVEFAX	Fax
	RECEIVEVM	Personal voicemail
	<b>RECEIVEHOM</b>	Home voicemail
	RECEIVEEM	Personal email
	RECEIVELET	Letter
	RECEIVETEXT	Text message
	RECEIVEWEB	Password-protected website
	O Very comfortable	
	○ Somewhat comfo	
		ble nor uncomfortable
	O Somewhat uncom	
	O Very uncomforta O Don't know	wie
	O Prefer not to answ	(A/D) <sup>A</sup>
	o i i cici not to uns	WCI
Q25	<ul> <li>○ Receive the result</li> <li>○ More compassion</li> <li>○ More resources p</li> <li>○ Better explanation</li> </ul>	n from provider sharing the results provided with the results
	Other, please spe	
		he process could be improved
	O Prefer not to answ	wer
Q26	. MATERIAL. What results? Please check	materials, if any, were you given to you along with your genetic test k all that apply.
	<ul><li>○ Genetic report</li><li>○ Personalized med</li></ul>	lical report
	O Brochure/pamph	•
		ently asked questions (FAQs)
	Other, please spe	
	O No materials wer	· ·
	O Don't know	
	O Prefer not to answ	wer

Q24. LaRocque. How comfortable would you be receiving genetic test results from a healthcare

<b>Q27. PROVMAT. Who provided you with these materials?</b> Please check all that apply.
O Genetic counselor
○ Gastroenterologist
○ Surgeon
O Primary care provider
O OB/GYN
Oncologist
○ Nurse
O Laboratory who performed the test
Other, please specify
O Prefer not to answer
Q28. SHAREMAT. With whom did you share these materials? Please check all that apply.
O Family members who have been tested
O Family members who have not been tested
○ Friends
○ Colleagues
O Medical provider
Other, please specify
O Not applicable, I did not share these materials
O Prefer not to answer

#### Section V. Tools and Resources

The following questions ask about resources and information you may have received regarding genetic testing.

,	PROVIDERRESOURCESFORFAMRISK (ABOUT - Q14). Did your health care provider (genetic counselor, physician, nurse, etc.) provide you resources to help you inform family members about what the results of your genetic test mean for your family? Please check all that apply.
	<ul> <li>Yes, they provided me a template for a letter to family members</li> <li>Yes, they discussed ways of speaking with family members about genetic testing</li> <li>Yes, they provided a brochure or other printed material from the health care provider</li> <li>Yes, they provided material from the laboratory that did the testing</li> <li>Yes, they told me about organization(s) that serve people with hereditary cancer</li> <li>Yes, they provided me a video about genetic testing</li> <li>Yes, they provided me with another type of information, please specify</li> <li>No, I was not provided with any resources</li> </ul>
	O Prefer not to answer <programmer: allow="" and="" do="" enoughinfo="" if="" no="" not="" of="" options="" other="" response="" selected,="" selection="" skip="" to=""></programmer:>
	RESOURCESFORFAMRISK (ABOUT - Q15). Who provided you with resources to help you inform family members about what the results of your genetic test mean for your family? Please check all that apply.
	<ul> <li>○ Genetic counselor</li> <li>○ OB/GYN</li> <li>○ Oncologist</li> <li>○ Nurse</li> <li>○ Laboratory who performed the test</li> <li>○ I was not provided with any resources</li> <li>○ Prefer not to answer</li> </ul>

•	The resources provided were helpful in my discussions with family members about family cancer history.
	○ Strongly agree
	O Somewhat agree
	O Neither agree nor disagree
	O Somewhat disagree
	O Not applicable O Prefer not to answer
	O Prefer not to answer
	OTHERINFO_O. Thinking back to when you first received your genetic test results. What information or materials do you feel would have been most helpful for discussions about cancer family history?
233.	O Don't know O Prefer not to answer OTHERINFO. What other information or materials would be useful for discussions about cancer family history? Please check all that apply.
	<pre><programmer create="" four="" items="" matrices.="" note:="" per="" screen="" three="">.</programmer></pre>
	O More discussion with genetic counselor
	O Discussions with physician
	O Information pamphlets or FAQs
	O Referral to support group
	<ul> <li>General information about genetic mutations</li> <li>What genetic test results mean for you and your risk</li> </ul>
	<ul> <li>What genetic test results mean for you and your risk</li> <li>How genetic test results might impact future cancer screenings</li> </ul>
	○ Where and who to go see if you have additional questions
	O Where and who to go see for emotional or psychological support
	O Insurance coverage for genetic testing
	O Understanding choices or options for cancer prevention
	<ul><li>How to reduce cancer risk</li><li>What genetic testing results mean for your children, siblings, and other family members</li></ul>
	O None of the above

Q34. What is your preferred method for receiving that apply.	ng genetic testing information? Please check all
<ul> <li>Printed materials (e.g., brochures or particular color)</li> <li>Online</li> <li>Computer kiosk in a clinic</li> <li>Speaking directly with medical provider</li> <li>Genetic counselor</li> <li>Other, please specify</li> <li>Prefer not to answer</li> </ul>	
35. (HINTS). Regardless of whether you received information from the following sources, please indicate how much you would trust additional information about genetic risk for cancer from each of the following.	
INFOFROMDOCTOR INFOFROMSPEC	A primary care physician A healthcare specialist (e.g., OB/GYN, oncologist)
INFOFROMFAMORFRIENDS	Family or friends
INFOFROMNEWSPAPERORMAG	Newspapers or magazines
INFOFROMRADIO	Radio
INFOFROMINTERNET	Internet
INFOFROMTV	Television
INFOFROMGOV	Government health agencies
INFOFROMCHARITYORG	Charitable organizations
INFOFROMRELIGORG	Religious organizations and leaders
< Programmer: The following response categ	ories will be included in 3 item grids>
○ A lot	
○ Some	
O A little	
$\circ$ Not at all	
O Don't know	
O Prefer not to answer	

O Prefer not to answer

## Section VI: Sharing Genetic Test Results

The next series of questions will ask about your experiences sharing your genetic test results with family members.

Please select how much you agree w	ith the following statement.
ENOUGHINFO. I had enough infomembers.	ormation about genetics and cancer to speak with family
<ul> <li>○ Strongly agree</li> <li>○ Somewhat agree</li> <li>○ Neither agree nor disagree</li> <li>○ Somewhat disagree</li> <li>○ Strongly disagree</li> <li>○ Prefer not to answer</li> </ul>	
DESIRETODISCUSSGENTESTR family members about my genetic	RESULTS (Family Communication). For me, talking to my test result is:
<ul> <li>Very easy</li> <li>Somewhat easy</li> <li>Neither easy nor difficult</li> <li>Somewhat difficult</li> <li>Very difficult</li> <li>Don't know</li> <li>Prefer not to answer</li> </ul>	
(FACTS - Q68). Please indicate if y with any of the following biologica	ou have shared your most recent genetic test result(s) lor blood relatives.
SHARERESULTSMOTHER SHARERESULTSFATHER SHARERESULTSSISTER SHAREDRESULTSHSISTER SHAREDRESULTSBROTHER SHAREDRESULTSHBROTHER SHARERESULTSDAUGHTER SHARERESULTSSON SHARERESULTSAUNTUNCLE SHARERESULTSCOUSIN	Daughter(s) Son(s)
	ENOUGHINFO. I had enough informembers.  Strongly agree Somewhat agree Neither agree nor disagree Strongly disagree Strongly disagree Prefer not to answer  DESIRETODISCUSSGENTESTR family members about my genetic  Very easy Somewhat easy Neither easy nor difficult Somewhat difficult Very difficult Don't know Prefer not to answer  (FACTS - Q68). Please indicate if y with any of the following biological SHARERESULTSMOTHER SHARERESULTSFATHER SHARERESULTSHISTER SHARERESULTSBROTHER SHARERESULTSBROTHER SHARERESULTSBROTHER SHARERESULTSBROTHER SHARERESULTSDAUGHTER SHARERESULTSDAUGHTER SHARERESULTSSON SHARERESULTSAUNTUNCLE

	<ul> <li>○ Yes</li> <li>○ I plan to, but not yet</li> <li>○ No (I do not plan to share)</li> <li>○ I haven't decided</li> <li>○ Not applicable</li> <li>○ Prefer not to answer</li> </ul>	re the result)	
	in RELATLIV and RELATLIV	V2. If SHARERESULTS for all	that respondent indicated they have = I plan to, but not yet, No (I do not NTACT, Else go to SHAREDATE>
Q39	SHAREDATE (NHIS 2015) <shareresults>?  O Within a week  O Within a month O Within a year O Don't know O Prefer not to answer</shareresults>	). When did you first share yo	ur genetic test result(s) with your
Q40	relationship for SHARERESU <programmer: if="" sharere<br="">SHARERESULTSSISTER= Y SHARERESULTSAUNTUNC FINFORMEDVIATEXT. Else (McGivern 2004). When you</programmer:>	SULTSMOTHER=Yes OR SHA Yes, OR SHARERESULTSDAUG CLE= Yes OR SHARERESULTS e, go to skip logic before MINF	RESULTSPARTNER= Yes, OR GHTER= Yes, OR GCOUNSIN= Yes, then go to ORMEDVIATEXT.> s of your genetic test result, which
	FINFORMEDVIATEXT FINFORMEDVIAEMAIL FINFORMEDVIAPHONE FINFORMEDVIAPERSON FINFORMEDGRAPEVINI told someone else (through FINFORMEDVIAOTHER FINFORMEDNA FINFORMEDDK FINFORMEDDK FINFORMEDPREFER	Sent a text Sent an email Told them on the phone N Told them in person E I told someone who then the grapevine) Other method Not applicable Don't know Prefer not to answer	
	SHARERESULTSBROTHER SHARERESULTSAUNTUNC	SULTSFATHER= Yes OR SHA ?= Yes, OR SHARERESULTSSC CLE= Yes, OR SHARERESULT se, go to skip logic before NOCO	SCOUNSIN= Yes, then go to

-	<b>241.</b> (McGivern 2004). When you informed MALE relatives of your genetic test result, which of the following methods did you use? Please check all that apply.		
	MINFORMEDVIATEXT MINFORMEDVIAEMAII MINFORMEDVIAPHONI MINFORMEDVIAPERSO MINFORMEDGRAPEVIN	Sent a text  Sent an email  Told them on the phone  NT old them in person  NE I told someone who then	
	told someone else (through		П
	<b>MINFORMEDVIAOTHEI</b> FINFORMEDNA FINFORMEDDK FINFORMEDPREFER	R <b>Other method</b> Not applicable Don't know Prefer not to answer	
	NOCONTACT>	SULTS does not = No (I do n	t plan to share the result), <i>go to</i> ot plan to share the result) for any but
_	<b>WHYSHARE. Why did yo</b> Please check all that apply.	u share your genetic test res	ult(s) with these family members?
	O My family asked me abo	nation that was useful for thout my test results d/or doctor(s) advised me to	em share the results with my family
	<programmer: autofill="" each="" for="" p="" questions="" relative="" the<="" those=""></programmer:>	•	LTS for Q30-32. Ask series of

	riences with sharing the results of your genetic test(s) with your do you agree or disagree with the following statements?
TIMEEFFORT	It took a lot of time and effort to share my genetic information with relatives
FRUSTRATED QUALITY DIFFUND	I felt frustrated while sharing my genetic information with relatives. I was concerned about the quality of the information that I shared. I was concerned that my relatives may have found the information difficult to understand.
O Strongly agree	
O Somewhat agree	
O Neither agree no	
O Somewhat disagr	
O Strongly disagree O Prefer not to ans	
o Freier not to ans	wei
with their family mo of some of the reaso risk. Please slide the	creased cancer risk. People have many different reasons for speaking embers and for not speaking with their family members. Below is a list ons people have for not speaking to their family members about cancer be bar to indicate how much each reason applies to you on a scale of 1 to all applicable to you, and 5 is very applicable to you.
NOCONTACT	You are not in contact with him/her.
NOTIME	You didn't have the time to tell him/her.
NOCLEAR	You were unsure how to explain it clearly.
NOTCLOSE	The two of you are not close.
NOTCARE	He/she wouldn't care.
NOTUPSET	You didn't want to upset him/her.
NOTATRISK	He/she is not at risk for developing cancer.
WHATTOSAY DIFFCOPING	You didn't know what to say to him/her. You were having difficulty coping with your own risk for cancer.
TOOYOUNG	You feel that he/she is too young to understand.
NOTALKOTH	,
110 111	Cinci (Presse Special)
	ging from 1 (not at all applicable) to 5 (very applicable)]
O Not at all app	licable
$\bigcirc$ 2	
•	alo
○ Very applicat ○ Don't know	ЛС
O Prefer not to	answer

r	RELATIVESCOUNSELING1-4 (FACTS - adapted). Please indicate which of your relative(s) have undergone genetic counseling. If no one in your family has received genetic counseling fill in the N/A response option.
(	O Mother O Father O Sister O Brother
(	O Daughter O Son O Paternal grandmother O Paternal grandfather
(	○ Faternal grandiather ○ Father's sister ○ Father's brother ○ Maternal grandmother
(	O Maternal grandfather O Mother's sister O Mother's brother
(	O N/A I know of no one in my family who has been tested O Don't know O Prefer not to answer
Q46. I	Did you get genetic counseling before or after your <relativescounseling>.</relativescounseling>
(	☐ I got genetic testing BEFORE my < RELATIVESCOUNSELING >. ☐ I got genetic testing AFTER my < RELATIVESCOUNSELING >. ☐ Don't know ☐ Prefer not to answer
<	<programmer ask="" each="" for="" in="" note:="" question="" relative="" relativescounseling="" selected="">.</programmer>
r	RELATIVESUNDERGONETESTING1-4 (FACTS - adapted). Please indicate which of your relative(s) have undergone genetic testing. If no one in your family has been tested fill in the N/A response option.
(	O Mother O Father O Sister O Brother
(	O Daughter O Son O Paternal grandmother
(	○ Paternal grandfather ○ Father's sister ○ Father's brother ○ Maternal grandmother

	O Maternal grandfather
	O Mother's sister
	O Mother's brother
	○ N/A I know of no one in my family who has been tested
	O Don't know
	O Prefer not to answer
	<pre><programmer a,="" answer,="" don't="" if="" in="" know,="" maritalstatus="" n="" not="" note:="" prefer="" relativesundergonetesting1-4="" skip="" to=""></programmer></pre>
Q48	. RELATIVESTESTINGRESULT1-4 (FACTS – adapted). What was the test result for your <relativesundergonetesting>?</relativesundergonetesting>
	<ul> <li>○ Test was positive for the mutated gene</li> <li>○ Test was negative for the mutated gene</li> <li>○ Test was not informative/indeterminate/of unclear significance</li> <li>○ I don't know the test result</li> <li>○ Prefer not to answer</li> </ul>
Q49	. Did you get genetic testing before or after your <relativesundergonetesting>.</relativesundergonetesting>
	<ul> <li>○ I got genetic testing BEFORE my <relativesundergonetesting>.</relativesundergonetesting></li> <li>○ I got genetic testing AFTER my <relativesundergonetesting>.</relativesundergonetesting></li> <li>○ Don't Know</li> <li>○ Prefer not to answer</li> </ul>
	<pre><programmer ask="" each="" for="" in="" note:="" question="" relative="" relativesundergonetesting="" selected="">.</programmer></pre>

Q50. Who was the first in your family to get genetic testing?										
<ul> <li>○ Myself</li> <li>○ <relativesundergonetesting></relativesundergonetesting></li> <li>○ <relativesundergonetesting></relativesundergonetesting></li> <li>○ </li> <li>○ Don't Know</li> <li>○ Prefer not to answer</li> </ul>										
<pre><programmer all="" autofill="" genetic="" note:="" received="" relatives="" testing="" who="">.</programmer></pre>										
Q51. (McGivern 2004). When you were informed of your <relativesundergonetesting's> genetic test results, which of the following methods did they use? Please check all that apply.</relativesundergonetesting's>										
RINFORMVIATEXT Sent a text RINFORMVIAEMAIL Sent an email RINFORMVIAPHONE Told me on the phone RINFORMVIAPERSON Told me in person RINFORMGRAPEVINE Told someone else who then told me (through the grapevine)										
RINFORMVIAOTHER Other method										
<pre><programmer ask="" each="" for="" in<="" note:="" question="" relative="" selected="" td=""><td></td></programmer></pre>										
Q52. AFFECTHEALTH (Closeness Scale). How much has your (or your family's) with genetic testing affected how you think about your health?  O Not at all O A little O A lot Prefer not to answer	experience									
Q53. THINKEXP (Closeness Scale). How often do you think about your experience testing?  O Never O Some time O A lot of the time O Prefer not to answer	e with genetic									

Q54.	. TALKEXP (Closeness Scale). How much time have you spent talking with friends or family
	members about any concerns you had about your experience with genetic testing?
	O No time
	○ Some time
	○ A lot of time
	O Prefer not to answer

### Section VII. Demographics

Finally, we have a few demographic questions.

<b>Q</b> 55	. MARITALSTATUS (HINTS 4, CYCLE 4 2014 - N5). What is your marital status?
	○ Married
	○ Living as married
	O Divorced
	○ Widowed
	○ Separated
	○ Single, never been married
	O Prefer not to answer
Q56	. HEALTHINSUR. Are you covered by any kind of health insurance or some other kind of health care plan?  O Yes O No O Don't know Prefer not to answer

<b>Q57</b> .	. INSURTYPE. What kind of health insurance or health care coverage do you have? Please
	check all that apply
	Exclude private plans that only provide extra cash while hospitalized.
	O 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
	○ Medicare
	○ Medi-Gap
	○ Medicaid
	○ SCHIP
	O Military health care (TRICARE/VA/CHAMP-VA)
	O Indian Health Service
	○ State-sponsored health plan
	Other government program
	○ Single service plan (e.g. dental, vision, prescription)
	O No coverage of any type
	O Prefer not to answer
Q58.	EDUCATION (HINTS 4, CYCLE 4 2014 - N6). What is the highest grade or level of schooling you completed?
	O Less than 8 years
	○ 8 through 11 years
	○ 12 years or completed high school
	O Post high school training other than college (vocational or technical)
	○ Some college
	○ College graduate
	OPostgraduate
	O Prefer not to answer
	<programmer by="" continue="" else="" email,="" hisplatinospan="" if="" note:="" occupationalstatus.="" recruited="" respondent="" skip="" to="">.</programmer>
Q59.	. HISPLATINOSPAN (HINTS 4, CYCLE 4 2014 - N10). Are you of Hispanic, Latino/a, or Spanish origin?
	○ Yes
	$\bigcirc$ No
	O Prefer not to answer
	O I Telef flot to diffwer
	<programmer: else="" go="" hisplatinospan="NO," hisplatinospangroup="" if="" race.="" to=""></programmer:>

Q60.	HISPLATINOSPANGROUP (GSS 2012). Which group are you from?
	<ul> <li>Mexican, Mexican American, Chicano/a</li> <li>Puerto Rican</li> <li>Cuban</li> <li>Dominican</li> <li>Central or South American</li> <li>Other Hispanic, Latino, or Spanish origin</li> <li>Prefer not to answer</li> </ul>
_	RACE (HINTS 4, CYCLE 4 2014 - N11). What is your race? You may select multiple categories.
	<ul> <li>○ White</li> <li>○ Black or African American</li> <li>○ Asian</li> <li>○ Native Hawaiian or Pacific Islander</li> <li>○ American Indian or Alaska Native</li> <li>○ Prefer not to answer</li> </ul>
-	OCCUPATIONALSTATUS (HINTS 4, CYCLE 4 2014 - N2). What is your current occupational status?
	<ul> <li>○ Employed</li> <li>○ Unemployed</li> <li>○ Homemaker</li> <li>○ Student</li> <li>○ Retired</li> <li>○ Disabled</li> <li>○ Other-Specify</li> <li>○ Prefer not to answer</li> </ul>
	<pre><programmer: else="" go="" householdincome="" if="" occupationalstatus="Other-Specify," otheroccupation.="" to=""></programmer:></pre>
Q63.	OTHEROCCUPATION (GSS 2014 - WRKSPEC). Specify other activity:

y	HOUSEHOLDINCOME (HINTS 4, CYCLE 4 - N18). 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
Q65. V	What region of the United States do you live in?
(	Northeast Southeast Midwest West Not in the United States Don't know Prefer not to answer

 -	-		
 N 25		VI.	ΓX

Congratulations, in appreciation for your time and effort completing the survey, we want to send you a \$5 Amazon gift card! Please enter your mailing address below so that we can send you the code.

	$\overline{}$	$\sim$	$\sim$	$\sim$	-	$\langle - \rangle$	$\langle - \rangle$	$\sim$	$\overline{}$	/		_		$\sim$	
Address	K	X	X	X	X	X	X	X	X	X	X	>	$\Diamond$	$\bigcirc$	X

#### **CLOSING SCREEN**

This is the end of the survey.

Thank you very much for your time and effort.

If you would like more information about genetic testing for cancer risk, please visit the following resources:

Bring Your Brave (BRCA testing)

https://www.cdc.gov/cancer/breast/young\_women/bringyourbrave/

Know: BRCA https://www.knowbrca.org/ Talking to family members http://kintalk.org/

NCI Cancer Genetics Services Directory <a href="https://www.cancer.gov/about-cancer/causes-">https://www.cancer.gov/about-cancer/causes-</a>

prevention/genetics/directory

If you would like more information about the study, please call 1-312-201-4412 or send an email to <u>cancersurvey@norc.org</u>. 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.