

Yellow Paper Form

Please fill out this form if you answered YES

Example Question:	Very Important	Somewhat Important	Unimportant
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
How important is your health to you?.....			
<i>(If you feel your health is somewhat important, this is how you should fill in the question.)</i>			

Which of the following were important in your interest in testing for Hemochromatosis? (Please answer each item below)

1. I am interested in being tested for Hemochromatosis because.....

	Very Important	Somewhat Important	Unimportant
a. I would like to know more about my health.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I want to know if I have hemochromatosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I appreciate the chance to have a free medical test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I think my doctor would recommend this test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I had hemochromatosis, knowing this might help my family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have some symptoms that I would like to get checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I think I might have hemochromatosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I know someone who has hemochromatosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A relative.....	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>		

2. How TRUE or FALSE is each of the following statements?

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am as healthy as anybody I know.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I expect my health to get worse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My health is excellent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

>>>>PLEASE GO TO THE NEXT PAGE >>>>

3. In general, would you say your health is:

Poor

Fair

Average

Good

Excellent

4. What type of test were you offered today?

A test to examine **my genes** for risk of hemochromatosis

A test to measure **iron levels** in my blood to see if I have hemochromatosis

Both tests

I'm not certain

5. How old are you? _____

6. Are you?

Male

Female

7. What is the highest grade of school you have completed?

Some high school

Completed high school

Some college or technical school

College graduate

Post graduate work

8. Are you Spanish, Latino, or Hispanic?

Yes

No

9. Which of these broad categories best describes your race? (you may check more than one)

Black or African-American

Asian

White or Caucasian

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

End of Survey

Thank you for completing this survey. Please place it in the envelope and return it to the person who assisted you today.