

Blue Paper Form

Please fill out this form if you answered NO

This survey is for persons who said that they do NOT wish to have a test for Hemochromatosis. By answering the questions below, you will help us understand why some patients may choose not to be tested.

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

Which of the following were important in your decision to decline testing for hemochromatosis? (Please answer each item below)

1. I chose not to be tested for hemochromatosis because

	Very Important	Somewhat Important	Unimportant
a. There are things about genetic (DNA) testing that I do not like or approve of.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't want to participate in genetic (DNA) testing.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't want to participate in <u>any</u> blood test program....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would like to talk to my doctor before I receive this test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...			
e. I would like more information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I don't want to know if I have hemochromatosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I don't have time today.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. It is unlikely that I have hemochromatosis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I'm not sure if I need this test.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If I had hemochromatosis, the information might disturb my family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I might need more medical tests.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I don't like having my blood drawn.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. My information might not be kept private.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
n. If the test could be done <u>without</u> using genetic information would you want it?.....	<input type="checkbox"/>	<input type="checkbox"/>

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

Poor	Fair	Average	Good	Excellent
<input type="checkbox"/>				

3. 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"/>				
b. I am as healthy as anybody I know.....	<input type="checkbox"/>				
c. I expect my health to get worse.....	<input type="checkbox"/>				
d. My health is excellent.....	<input type="checkbox"/>				

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

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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)

American Indian or Alaska Native

Asian

Black or African-American

Native Hawaiian or other Pacific Islander

White or Caucasian

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.