

HEIRS INITIAL SCREENING FORM

Participant ID	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <small>[affix ID label here]</small>	Date of Visit	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Acrostic	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Completed by	<input type="text"/> <input type="text"/> <input type="text"/>

The frequency of iron overload and its health effects may differ by age, gender, race and ethnicity. Please answer these questions about yourself, so that we can look at these factors in the study.

1. What is your gender? 1 Male 2 Female
2. What is your birthdate? / /
Month Day Year

Please answer BOTH questions

3. Are you Spanish, Latino, or Hispanic? 1 Yes 2 No
4. Which of these broad categories best describes your race?
(you may check more than one)
- 1 American Indian or Alaska Native
 - 1 Asian
 - 1 Black or African-American
 - 1 Native Hawaiian or other Pacific Islander
 - 1 White or Caucasian

Please tell us how you found out about the study and why you decided to participate, so that we can better interpret the study results.

5. How did you hear about this study?

- 1 I came in for a doctor visit or to have my blood drawn, and found out about it.
- 1 I received a phone call or letter from the study, inviting me to participate.
- 1 I came into the clinic or lab with a friend or family member, and found out about it.
- 1 My family member was in this study and told me about it.
- 1 I learned about it in the newspaper, in the community, on the TV, or on the radio.
- 1 Other: (specify)

6. Is this the first time you have been asked to participate in this study? 1 Yes 2 No

It is important for us to understand the health of study participants so that we can interpret the study results correctly. Please tell us a little about your health. Please answer each question.

7. Has a doctor ever told you that you have:

- 7a. Too much iron in your body, iron overload, or hemochromatosis 1 Yes 2 No 3 Not Sure
- 7b. Arthritis 1 Yes 2 No 3 Not Sure
- 7c. Diabetes 1 Yes 2 No 3 Not Sure
- 7d. Liver disease or liver cancer 1 Yes 2 No 3 Not Sure
- 7e. Heart failure 1 Yes 2 No 3 Not Sure
- 7f. Fertility problems or impotence 1 Yes 2 No 3 Not Sure

8. Have any of your blood relatives had iron overload or hemochromatosis, or been treated by having their blood drawn on a regular basis? (by blood relatives, we mean parents, grandparents, brothers and sisters, half-brothers and half-sisters, aunts and uncles, and children)

1 Yes 2 No 3 Not Sure

9. For women only: Are you pregnant, have you been pregnant within the past 3 months, or are you breast feeding?.....

1 Yes 2 No 3 Not Sure

The following are questions about your health in general – not related to hemochromatosis.

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

1 Poor 2 Fair 3 Average 4 Good 5 Excellent

11. How TRUE or FALSE is each of the following statements to you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
11a. I seem to get sick a little easier than other people.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11b. I am as healthy as anybody I know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11c. I expect my health to get worse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11d. My health is excellent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

- 12. These questions are about how you feel and how things have been for you during the past 4 weeks.**
- | | All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 12a. Have you been a very nervous person?.. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 12b. Have you felt so down in the dumps that nothing could cheer you up?
..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 12c. Have you felt calm and peaceful?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

Acrostic	<input type="text"/>					
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- | | All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 12d. Have you felt downhearted and blue?.... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| 12e. Have you been a happy person?..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

The following are general questions about genetic testing to find out about disease risk.

- | | Strongly Agree | Agree | Disagree | Strongly Disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 13. Information about a person's genetic risk should be shared with other family members.
..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 14. In general, I think genetic testing to find out about disease risk is a good idea.
..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15. I think genetic testing <u>IS</u> a good idea because: | Strongly Agree | Agree | Disagree | Strongly Disagree |
| 15a. There might be a good treatment by the time you developed the disease..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15b. You could change to a healthier lifestyle to prevent getting the disease..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15c. You could prepare better for the future..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 15d. You could share this information with family members. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

16. I think genetic testing IS NOT a good idea because:

Strongly Agree Agree Disagree Strongly Disagree

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| 16a. You might have trouble getting or keeping your insurance..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| .. | | | | |
| 16b. You might feel helpless because you can't change your genes..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16c. Knowing that you had a gene that put you at risk could make you feel less healthy..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 16d. You could be bringing bad news into your family.... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

17. Please give us your opinion about why you think people get sick.

Very important Somewhat important Not important Not sure

- | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 17a. Heredity (it runs in your family)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17b. The environment (ex. water or air pollution)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17c. Fate or chance (bad luck)..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17d. Psychological factors (ex. stress) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 17e. Lifestyle (ex. smoking, drinking, eating a high fat diet) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |