

**Pink Paper Form**

**Please fill out this form if you answered YES**

**Example Question:**

Very Important      Somewhat Important      Unimportant

How important is your health to you?.....




(If you feel your health is somewhat important, this is how you should fill in the question.)

**Which of the following were important in your willingness to be tested for Hemochromatosis? (Please answer each item below)**

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

Very Important      Somewhat Important      Unimportant

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| a. I want to know more about my health.....                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I want to know if I have iron problems (too high or too low)..           | <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"/> |
| 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.....

**>>>>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

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

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.**