

## HEIRS POST RESULT FORM

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

**Please answer each question below by marking the one box that best describes your opinion. If you are unsure how to answer a question, please give the best answer you can. Thank you.**

***Example Question:***

	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
<b>Have you made a visit to the doctor's office in the last year?</b>	1 <input checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

*(If you have made a visit to the doctor's office, this is how you should fill in the question.)*

**1. Since you first heard about the HEIRS Study, how much have you used each of the following sources to look for information about hemochromatosis or iron overload?**

	None	Some		A Lot
1a. Phone call or written material from the HEIRS Study.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3	<input type="checkbox"/>
1b. Family members.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3	<input type="checkbox"/>
1c. The library.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3	<input type="checkbox"/>
1d. The Internet.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3	<input type="checkbox"/>
1e. Your doctor or other health workers.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3	<input type="checkbox"/>
1f. Other (Specify): <input style="width: 60%; height: 20px;" type="text"/>				

**2. How were you FIRST notified of your results from the HEIRS Study?**

Letter     Phone Call

**2a. How do you feel about the way you were FIRST notified about your results?**

Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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**3. What is your opinion of the information you received from the HEIRS Study about hemochromatosis and your test results?**

	Strongly Agree	Agree	Disagree	Strongly Disagree
3a. I found the information I received to be clear and easy to understand.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3b. I received enough information.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
3c. I still have questions about hemochromatosis and iron overload or my test results.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**4. 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"/>
----------------------------	----------------------------	----------------------------	----------------------------

**5. The following statements are about the test results you received. Please answer each statement.**

	Yes	No	Not sure
5a. I <b>do not</b> have any known hemochromatosis gene variations (mutations).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5b. I have hemochromatosis gene variations (mutations) in <b>both</b> my hemochromatosis genes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5c. I have hemochromatosis gene variations (mutations) in <b>one, but not both</b> of my hemochromatosis genes.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5d. I <b>do not</b> have iron overload.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5e. I <b>do</b> have iron overload.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
5f. I have hemochromatosis gene variations (mutations) that may also be present in members of my family.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**6. What were you told to do in response to your test results?**

- |   | Yes                        | No                         | Not sure                   |
|---|----------------------------|----------------------------|----------------------------|
| 6a. There were no specific recommendations made to me.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6b. Talk to my personal physician about my test results.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 6c. Have my personal physician test the amount of iron in my blood about once a year to make sure it is not too high..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

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**6. What were you told to do in response to your test results? (continued)**

- |  | Yes                        | No                         | Not sure                   |
|--|----------------------------|----------------------------|----------------------------|
| 6d. Have my blood drawn to lower the amount of iron in my blood.....                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| ..   |                            |                            |                            |
| 6e. Talk to family members about their possible risk for hemochromatosis or iron overload..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

**7. Do you think these recommendations will help your health?.....**

- |                            | Probably not               | Not sure                   | Probably yes               | Does not apply |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |                |

**8. Do you feel confident that you can follow the recommendations?.....**

- |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
|----------------------------|----------------------------|----------------------------|----------------------------|

**9. Please indicate whether and how much you have experienced each statement since you have received your test results?**

- |  | Never                      | Rarely                     | Sometimes                  | Often                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 9a. Feeling upset, sad or anxious about your test results....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9b. Feeling relieved that no known hemochromatosis gene variations (mutations) exist in your family..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9c. Feeling a loss of control because of your test results.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9d. Having problems enjoying your life because of your test results.....                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

- 9e. Worrying about your risk of developing iron overload or hemochromatosis or having your condition get worse... 1  2  3  4
- 9f. Feeling more in control of your future health..... 1  2  3  4
- 9g. Thinking about your test results has caused problems in your work or family life..... 1  2  3  4
- 9h. Feeling frustrated that no known hemochromatosis gene variations (mutations) have been found that explain the iron overload in your family..... 1  2  3  4

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**9. Please indicate whether and how much you have experienced each statement since you have received your test results? (continued)**

- |  | Never                      | Rarely                     | Sometimes                  | Often                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 9i. Feeling relieved that the guidelines about how to deal with your particular results are so clear and easy to follow..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9j. Worrying about the confidentiality of your test results.....   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9k. Feeling that people don't think you are as good as they are..  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9l. Worrying about the risk to your family members.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| 9m. Feeling glad that you took part in this research.....  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

**10. Information about a person's genetic risk should be shared with other family members.....**

- |                            | Strongly Agree             | Agree                      | Disagree                   | Strongly Disagree |
|----------------------------|----------------------------|----------------------------|----------------------------|-------------------|
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |                   |

***IF you think information about genetic risk should be shared with family members please answer the following questions: (If you don't agree, please skip to question 12)***

- |  | Strongly Agree             | Agree                      | Disagree                   | Strongly Disagree          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| 10a. The <b>person who has the genetic risk</b> should share the information directly with family members..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

	Strongly Agree	Agree	Disagree	Strongly Disagree
<b>10. Information about a person's genetic risk should be shared with other family members.....</b>	1	2	3	4
10b. The <b>doctor</b> of the person at risk should inform family members <b>only</b> if the person at risk gives permission.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
10c. The <b>doctor</b> of the person at risk should inform family members <b>if</b> the person at risk <b>will not share the information</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**11. With whom would you be most likely to share information about inherited health risk?**

	Would not share	Would definitely share	Would share with <u>some</u> but not all	Does not apply
11a. Spouse or partner.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11b. Children.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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**11. With whom would you be most likely to share information about inherited health risk? (continued)**

	Would not share	Would definitely share	Would share with <u>some</u> but not all	Does not apply
11c. Parents.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11d. Brothers and sisters.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11e. Other relatives.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11f. Close friends.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11g. Doctor.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
11h. Employer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**12. How likely are you to:**

	Very unlikely	Unlikely	Likely	Very likely	Does not apply
12a. encourage your spouse or partner to be tested for risk of hemochromatosis or iron overload?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12b. have prenatal testing of your unborn children for risk of hemochromatosis or iron overload?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12c. have your future newborn children tested for risk of hemochromatosis or iron overload?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12d. have your children under 18 tested for risk of hemochromatosis or iron overload?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12e. encourage your adult children to get genetic testing for risk of hemochromatosis or iron overload?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12f. encourage your adult children to get genetic testing before they get married?.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
12g. encourage your adult children to get genetic testing before they have children?...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

	Very important	Somewhat important	Not important	Not sure
13a. Heredity (it runs in your family).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13b. The environment (water or air pollution).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13c. Fate or chance (bad luck).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13d. Psychological factors (such as stress).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
13e. Lifestyle (smoking, drinking, eating a high fat diet).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**14. In general, would you say your health is:**

1  Poor

2  Fair

3  Average

4  Good

5  Excellent

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

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
15a. 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"/>
15b. 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"/>
15c. 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"/>
15d. My health is excellent.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**16. These questions are about how you feel and how things have been for you since you found out about your test results.**

	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
16a. 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"/>
16b. 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"/>

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**16. These questions are about how you feel and how things have been for you since you found out about your test results. (continued)**

	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
16c. 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"/>
16d. 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"/>
16e. 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"/>

**17. Compared to other medical conditions, I would rank hemochromatosis as:**

1

2

3

4

5

One of the  
**least** serious

One of the  
**most** serious

**18. Which of the following health problems are associated with hemochromatosis or iron overload?**

	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>
18a. Arthritis-like pain.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18b. Impotence..... ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18c. Painful menstrual periods.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18d. Prostate or ovarian cancer.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18e. Heart abnormalities.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18f. Diabetes..... ...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18g. Multiple sclerosis.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18h. Fatigue..... ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
18i. Asthma..... ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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**19. Please answer each question below.**  
**Don't**

	<b>True</b>	<b>False</b>	<b>Know</b>
19a. Too much iron in the blood is always bad.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19b. In hemochromatosis, iron builds up in the body and causes damage.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
19c. People never die because of hemochromatosis.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

- 19d. The best way to treat hemochromatosis is to have blood removed until iron levels go back to normal..... 1  2  3
- 19e. There is no treatment for hemochromatosis..... 1  2  3
- 19f. People with hemochromatosis can prevent symptoms by drinking 8 glasses of water a day..... 1  2  3
- 19g. It is not important to treat hemochromatosis until organ damage has occurred..... 1  2  3
- ..
- 19h. A person can have hemochromatosis and not know it..... 1  2  3
- 19i. A person with hemochromatosis has too much blood, resulting in high blood pressure..... 1  2  3
- 19j. A gene test can tell you if you already have iron overload..... 1  2  3
- 19k. Everyone who has variations in their hemochromatosis genes will have too much iron in their blood..... 1  2  3
- 19l. Only white people are at risk for iron overload..... 1  2  3
- 19m. All variations in hemochromatosis genes increase your risk of having too much iron (iron overload) by the same amount..... 1  2  3
- 19n. Women tend to develop hemochromatosis earlier in life than men do 1  2  3
- 19o. If someone has hemochromatosis, their brothers and sisters are also at risk for hemochromatosis..... 1  2  3
- 19p. An individual may have one variation in their hemochromatosis gene but others in the same family may have two hemochromatosis genes with variations..... 1  2  3

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**20. The following questions are about genetic testing to find out about disease risk. Please check the boxes to indicate how much you agree or disagree with each statement.**

***I think genetic testing IS a good idea because:***

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
20a. 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"/>
20b. You might not have the gene for the disease and would be reassured.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20c. It is always good to know whatever you can about your health.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20d. You could get frequent medical screening to catch the disease at a curable stage.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20e. You could change to a healthier lifestyle.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20f. There might be gene therapy that could prevent you from getting the disease.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20g. You could share this risk information with family members.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
.				
20h. You could prepare better for the future.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

***I think genetic testing IS NOT a good idea because:***

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
20i. You might have trouble getting or keeping your health insurance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20j. 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"/>
20k. It could be a problem if an employer, or future employer, found out about your test result.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20l. You could spend a lot of time worrying about something bad that is still in the future.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
20m. You might have trouble getting life or disability insurance.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
.				
20n. 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"/>

20o. You could be bringing bad news into your family....

1  2  3  4

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***The following questions are about your opinions and practices in regard to health care in general (not specifically about hemochromatosis).***

**21. Is there one particular clinic, health center or doctor's office that you usually go to if you are sick or need health advice?**

1  Yes 2  No

**22. How long has it been since you last visited a doctor for a routine check up?**

1  Less than a year 2  1 - 2 years 3  3 - 5 years 4  More than 5 years 5  Not sure

**23. Do you know your cholesterol level?**

1  I know the exact number 2  I know if it's too high or low 3  I was told but I've forgotten 4  I don't remember having my cholesterol checked

**24. Do you use a seatbelt when driving?**

1  Always 2  Usually 3  Sometimes 4  Rarely 5  Never

**25. Do you use a sunscreen product?**

1  Yes, all year long 2  Yes, but only in the summer 3  Rarely 4  Never

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**26. Do you have any of the following types of insurance?**

	Yes	No	Don't Know
<b>26a. Disability insurance</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>26b. Life insurance policy</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
<b>26c. Health insurance (any type)</b> .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

**27. If you do have health insurance, who pays most of the cost of the insurance?**

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
Employer	Government (State/Province)	Me or my family	Don't know	Does not apply

**28. Describe your employment status.**

1 <input type="checkbox"/> Unemployed	2 <input type="checkbox"/> Self-employed
3 <input type="checkbox"/> Employed by Federal Government	4 <input type="checkbox"/> Employed by State/Province
5 <input type="checkbox"/> Private Employer (50 or fewer employees)	6 <input type="checkbox"/> Private Employer (51 or more employees)

**29. What is the highest grade of school you've completed?**

1 <input type="checkbox"/> Less than high school
2 <input type="checkbox"/> High school degree
3 <input type="checkbox"/> Some university, college or vocational training
4 <input type="checkbox"/> Bachelor's degree (BA/BS)
5 <input type="checkbox"/> Post-graduate training

**THANK YOU FOR COMPLETING THIS SURVEY**

**PLEASE PUT IT IN THE STAMPED, ADDRESSED ENVELOPE  
WHICH HAS BEEN PROVIDED AND MAIL TO THE HEIRS STUDY**