

## PATIENT ITEMS

### ATTITUDE

*It is a good idea to xxxxx [e.g., get genetic testing] to find out whether xxxxx [e.g., you are at risk for getting a common disease, you will respond to a certain medication, you are at higher risk for developing renal disease]? Please note: For this Attitude question, "xxxx" refers in the first instance to the intervention you are studying and in the second instance to the proposed benefit of the test for the patient.*

- <sub>5</sub> Strongly agree
- <sub>4</sub> Agree
- <sub>3</sub> Neither agree or disagree
- <sub>2</sub> Disagree
- <sub>1</sub> Strongly disagree

### SHARING

*Do you plan to share [test] results with anyone? **Please check all that apply.***

- <sub>0</sub> No
- <sub>1</sub> Yes, with family members
  - <sub>1.1</sub> Spouse/partner
  - <sub>1.2</sub> Parents
  - <sub>1.3</sub> Children
  - <sub>1.4</sub> Brothers/sisters
  - <sub>1.5</sub> Other

*List:* \_\_\_\_\_
- <sub>2</sub> Yes, with friends
- <sub>3</sub> Yes, with health professionals
- <sub>4</sub> Yes, with other
  - List:* \_\_\_\_\_
- <sub>8</sub> Unsure

### OPTIONAL SHARING ITEMS:

*Have you talked with anyone about your decision to have [genetic testing]? **Please check all that apply.***

- <sub>0</sub> No
- <sub>1</sub> Yes, with family members
  - <sub>1.1</sub> Spouse/partner
  - <sub>1.2</sub> Parents
  - <sub>1.3</sub> Children
  - <sub>1.4</sub> Brothers/sisters
  - <sub>1.5</sub> Other family \_\_\_\_\_
- <sub>2</sub> Yes, with friends
- <sub>3</sub> Yes, with health professionals
- <sub>4</sub> Yes, with other
  - List:* \_\_\_\_\_

*How would you prefer to get your [test] results?*

- <sub>1</sub> from doctor
- <sub>2</sub> from nurse
- <sub>3</sub> from genetic counselor
- <sub>4</sub> from other research staff member
- <sub>5</sub> from pharmacist
- <sub>6</sub> from other
  - List:* \_\_\_\_\_
- <sub>8</sub> No preference

**HEALTH LITERACY**

*How confident are you filling out medical forms yourself?*

- <sub>1</sub> Extremely
- <sub>2</sub> Quite a bit
- <sub>3</sub> Somewhat
- <sub>4</sub> A little bit
- <sub>5</sub> Not at all

**INFORMATION-SEEKING ITEM:**

*Overall, how confident are you that you could get health-related advice or information if you needed it?*

- <sub>1</sub> Completely confident
- <sub>2</sub> Very confident
- <sub>3</sub> Somewhat confident
- <sub>4</sub> A little confident
- <sub>5</sub> Not confident at all

**OPTIONAL**

*The most recent time you looked for information about health or medical topics, where did you go first?*

*Select One:*

- <sub>1</sub> Books
- <sub>2</sub> Brochures, pamphlets, etc.
- <sub>3</sub> Disease organization
- <sub>4</sub> Family
- <sub>5</sub> Friend/co-worker
- <sub>6</sub> Doctor or healthcare provider
- <sub>7</sub> Internet
- <sub>8</sub> Library
- <sub>9</sub> Magazines
- <sub>10</sub> Newspapers
- <sub>11</sub> Telephone information number
- <sub>12</sub> Complementary, alternative, or unconventional practitioner
- <sub>13</sub> Other

*List:* \_\_\_\_\_