

Before We Get Started

We value your response EVEN IF you did NOT receive BRCA testing

Directions:

Thank you for your help with this survey. Please select **one answer choice** for each question unless the question indicates **Mark all that apply**.

As a token of appreciation, you will be entered into a drawing for an iPad mini once you return this survey **BY MARCH 1, 2016**. In addition, if you are one of the first 1,000 survey participants to return this survey, you will be mailed or emailed a \$15 gift card from below. You will be unable to change your selection after you return this survey. These gifts are only available with the return of this mailed survey.

Please pick ONE:

- \$15 Amazon Gift Card
- \$15 Target Gift Card
- \$15 Barnes and Noble Gift Card

Address or email address you wish your gift card sent to:

Email: _____

Address: _____

Definitions:

BRCA Test Definition: Genetic test to see if you have any mutations in your BRCA1 or BRCA2 genes

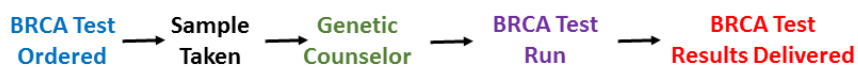
Genetic Counselor Definition: A licensed professional other than your doctor that discusses your genetic history and risks of possessing mutations.

Process Timeline:

*Pre-genetic
counseling
requirement*



*Post-genetic
counseling
requirement*



About You

1. Gender
 - Male
 - Female
2. Ethnicity
 - Caucasian
 - Hispanic/Latino
 - Black or African American
 - Native American
 - Asian/Pacific Islander
 - Other
3. Age Range
 - 18-25 years old
 - 26-35 years old
 - 36-45 years old
 - 46-55 years old
 - 56-65 years old
 - 66+ years old
4. What category best describes your annual household income?
 - Less than \$24,999
 - \$25,000 to \$49,999
 - \$50,000 to \$99,999
 - \$100,00 or more
5. How would you rate your current health?
 - Excellent
 - Very Good
 - Good
 - Poor
6. At the time you or your physician were considering BRCA testing, were you diagnosed with breast, ovarian, both, or other cancer?
 - Breast
 - Ovarian
 - Both breast and ovarian
 - Other cancer
 - Cancer free (no cancer)
7. At the time of testing, were any of your family members diagnosed with breast, ovarian, both, or other cancer?
 - Breast
 - Ovarian
 - Both breast and ovarian
 - Other cancer
 - Cancer free (no cancer)

BRCA Testing Process and Prior Genetic Counseling Questions

8. Did you or your doctor request BRCA genetic testing?
- Myself
 - Doctor
 - Neither
 - Other _____
9. If recommended by your doctor or healthcare provider, what was the reason you were told that this test was being recommended? (**Mark all that apply**)
- To help plan cancer treatment
 - To help plan cancer screening
 - To determine risks for family members
 - Because mutations are a common cause of breast cancer
 - Curiosity
 - Because all women should be tested
 - No reason was given
 - I don't recall
10. Did you give a sample (blood or mucosal wash) to be tested for a BRCA mutation?
- Yes
 - No
 - Unknown
11. At the time you or your doctor requested testing did your health plan require genetic counseling before BRCA testing?
- Yes
 - If Yes, how did you find out about the genetic counseling requirement?**
 - Doctor
 - Health Insurance Plan
 - Genetic Testing Laboratory
 - Unknown
 - Other _____
 - No
 - Unknown
12. Did you receive genetic counseling from a licensed provider (not your doctor) prior to BRCA testing? (more answer choices on next page)
- Yes
 - If Yes, why did you receive genetic counseling? (**Mark all that apply**)**
 - Insurance requirement
 - Benefit to family's future
 - Recommended by doctor or health care provider
 - Recommended by family member
 - Chance to better understand the test results or appropriateness of testing
 - Other _____

If Yes, I understand the circumstances that brought me to genetic counseling.

- Do not agree
 - Somewhat agree
 - Completely agree
 - Do not know
- No

If No, why did you NOT receive genetic counseling? (Mark all that apply)

- Time restraints
 - Logistic Concerns (Transportation, Daycare)
 - Anxiety/emotions regarding meeting
 - Insurance issues/requirements
 - Cost of appointment
 - Discouraged by family member
 - Was not aware genetic counseling was available or an option
 - Inconvenience of an additional step
 - Not interested in pursuing
 - Not important enough
 - Other _____
- Unknown

BRCA testing results

13. Did you complete BRCA genetic testing?

- Yes – Go to Page 5
- No – Go to Page 6

Complete if you ever saw a genetic counselor at any time

26. Did you receive a benefit from genetic counseling?

- Yes
- No

27. Would you recommend genetic counseling to family or friends?

- Yes
- No

28. Would you utilize genetic counseling in the future?

- Yes
- No

Optional Decisional Conflict Scale

Please indicate how strongly you agree or disagree with these statements about genetic testing.

DC1 This decision was hard for me to make. (Choose one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Do Not Know
<hr/>						Refuse to Answer
Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree		

DC2 I was unsure what to do in this decision. (Choose one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Do Not Know
<hr/>						Refuse to Answer
Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree		

DC3 I was aware of the choices I had in this decision. (Choose one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Do Not Know
<hr/>						Refuse to Answer
Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree		

DC4 I needed more advice and information about the choices. (Choose one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Do Not Know
<hr/>						Refuse to Answer
Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree		

DC5 I feel I made an informed choice. (Choose one)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Do Not Know
<hr/>						Refuse to Answer
Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree		