

Appendix. Patient Attitudes Towards Genotyping Survey

Research has found that a person's genes, or DNA (the blueprint of how the body is put together) can effect how a person responds to medications and diseases. Differences between people's DNA may mean that one person is helped by a certain medicine, while another person is not. This is a brief anonymous survey to find out people's attitudes about collecting DNA. Some people feel that having this genetic information can help diagnose and treat diseases, while others feel that the information could be harmful and hurt a person's chances of getting insurance in the future.

1. How would you rate your knowledge or understanding about genes and DNA? (circle one)

0	1	2	3	4	5
None	A little	somewhat	good grasp	more	fully
		knowledgeable	of	advanced	understand
			knowledge	knowledge	

2. In general, do you think that collecting DNA, or genetic material, from a person to help medical providers better diagnose, prevent, or treat disease is a worthy scientific pursuit?

- ☐ Yes
- ☐ No
- ☐ I don't know- need more information

3. How likely would you be to allow your DNA to be collected for the purposes outlined above? (circle one)

0	1	2	3	4	5
I would never	Unlikely	A little likely	Somewhat	Likely	Very likely

4. If obtaining your DNA involved a needle stick to get a small amount of blood, would you do it?

- ☐ Yes, I would be likely to do this
- ☐ No, I would not be likely to do this
- ☐ I don't know- need more information

5. If obtaining your DNA involved a small amount of saliva (spit) in a cup, would you do it?

- ☐ Yes, I would be likely to do this
- ☐ No, I would not be likely to do this
- ☐ I don't know- need more information

Online appendix to Haas DM, Renbarger JL, Meslin EM, Drabiak K, Flockhart D. Patient attitudes toward genotyping in an urban women's health clinic. *Obstet Gynecol* 2008;112:1023-8.

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6. If you had already had blood drawn for another purpose or test that was already in a laboratory and researchers found a new genetic test for a disease would you: (choose one)

- ☐ Give permission for any previously obtained samples to be used in the future for genetic tests
- ☐ Want to be asked before any further testing was done
- ☐ I am certain I would not want any further tests done on my specimens
- ☐ Want my specimens destroyed

7. If you were giving a sample specifically for DNA analysis for a particular disease or treatment, would you give permission for:

- ☐ The use of the DNA for future research in any condition
- ☐ The use of the DNA for future research regarding the condition I originally gave the sample for
- ☐ Only that particular project. I would want researchers to ask me about using my DNA for future research projects
- ☐ I would not want any other tests to be done on my DNA samples

8. In what year were you born? _____

9. Are you currently pregnant?

- ☐ Yes
- ☐ No

PLEASE TURN OVER AND COMPLETE OTHER SIDE

10. Do you consider yourself to be Hispanic or Latino/a? Y / N

11. What is your ethnic/racial group?

- ☐ African-American/Black
- ☐ Asian
- ☐ Caucasian/White
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other
- ☐ I prefer not to say

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12. What is the highest level of school you completed?

- ☐ I did not finish high school
- ☐ I finished high school
- ☐ I attended some college courses but did not finish a college degree
- ☐ I completed college
- ☐ I have attended postgraduate degree training
- ☐ I choose not to answer

13. Do you consider yourself a member of any religious faith?

- ☐ Yes (Please specify) _____
- ☐ No
- ☐ I choose not to answer

13A. If yes to #13 above: How often do have you attended religious services in the past 3 months?

- ☐ Never
- ☐ At least once per week
- ☐ At least once per month but less than once per week
- ☐ Less than once per month

Thank you for taking the time to complete our survey. Please return it to the front desk of the clinic to be placed in the collection box. If you have any comments or concerns about the subject or survey, please use the space below to write them down.