Preferences Instrument for Genomic Secondary Results

www.PIGSR.org

How would you like your doctor to use your genetic information? (Mark one box)

- ☐ To find out how my body might respond to medicines ONLY
- ☐ To find out how my body might respond to medicines AND to find out about other possible health issues. (Proceed to Page 2)

I want my doctor, if possible, to use my genetic information to tell me about my...

Chance of developing Obesity	☐ Yes ☐ No ☐ Unsure
Chance of developing High Cholesterol or High Blood Pressure	☐ Yes ☐ No ☐ Unsure
Chance of developing Diabetes	☐ Yes ☐ No ☐ Unsure
Chance of developing Heart Attack, Heart Rhythm Problem, or Stroke	☐ Yes ☐ No ☐ Unsure
Chance of getting Alzheimer's Disease	☐ Yes ☐ No ☐ Unsure
Chance of getting Parkinson's Disease	☐ Yes ☐ No ☐ Unsure
Chance of getting Bipolar Disorder, Schizophrenia, or other Mental Illnesses	☐ Yes ☐ No ☐ Unsure
Chance of developing Breast or Ovarian Cancer (if you are a female)	☐ Yes ☐ No ☐ Unsure
Chance of developing Prostate or Testicular Cancer (if you are a male)	☐ Yes ☐ No ☐ Unsure
Chance of developing Colon, Lung or other Cancers	☐ Yes ☐ No ☐ Unsure
Chance of having a child with Sickle Cell Disease	☐ Yes ☐ No ☐ Unsure
Chance of having a child with Cystic Fibrosis	☐ Yes ☐ No ☐ Unsure
Chance of having a child with Muscular Dystrophy	☐ Yes ☐ No ☐ Unsure
Chance of having a child with Autism	☐ Yes ☐ No ☐ Unsure