

Online Survey of the Breast Cancer Risk Assessment Tool

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0486). Do not return the completed form to this address.

1) Which best describes you?

- Oncology health professional
- Primary care provider
- Researcher
- Clinical trials participant
- Cancer survivor
- Family member of someone with cancer
- General public

Question 2a will appear if respondent chooses "Oncology health professional," "Primary care provider," or "Researcher" from question 1.

2a) What was your main reason for doing the online risk assessment?

- To enter a patient into the clinical trial STAR
- To learn more on breast cancer and its risk factors
- Expectation of better treatment of patient through this knowledge
- Expectation of better surveillance of patient through this knowledge
- To advance medical research
- Assist in communicating risk with patient
- Don't know
- Other _____

Question 2b will appear instead of 2a if respondent chooses "Clinical trials participant," "Cancer survivor," "Family member of someone with cancer" or "General public" from question 1.

2b) What was your main reason for doing the online risk assessment?

- Concerned about breast cancer risk
- To enter the clinical trail STAR
- To learn more on breast cancer and its risk factors
- To obtain guidance on types of preventive interventions
- Don't know

- Other _____

Question 3a will appear if respondent answers 2a above.

3a) What did you expect your patients to gain from the online risk assessment? (check all that apply)

- Follow up to get patient into screening schedule
- Feeling of security
- Knowledge
- Guidance for lifestyle changes
- Guidance for treatment options
- Nothing at all
- Other _____

Question 3b will appear if respondent answers 2b above.

3b) What did you expect from the online risk assessment? (check all that apply)

- To follow up on my own based on the information I learned
- Feeling of security
- Knowledge
- Guidance for lifestyle changes to lower my risk
- Guidance for treatment options
- Nothing at all
- Other _____

Question 4a will appear only after respondent answers 3a above.

4a) Have you used the information from this tool in the past? If so, how have you used it?

- With patients
- For own knowledge
- To prepare for patient discussion
- To determine patient eligibility
- Other _____
- Have not used the assessment tool in the past

Question 4b will appear only after respondent answers 3b above.

4b) Have you used the information from this tool in the past? If so, how have you used it?

- To prepare for or take to discuss with doctor
- Shared with other family members or friends
- To make changes to lifestyle to reduce cancer risk
- Make decision to participate in clinical trial
- Other _____
- Have not used the assessment tool in the past

5) Please finish the following statement: “I think this tool should primarily be ...”

- A breast cancer risk assessment calculator
- A breast cancer risk information and education tool that provides guidance, based on risk assessment, for specific preventive interventions (such as whether to take tamoxifen/raloxifene)
- Both an assessment calculator and information/education tool
- Other _____

6) Are there other types of information or feedback about risk reduction that you want this tool to address (e.g., physical activity, nutrition, more lifestyle issues)?

Please tell us a little about yourself.

7) Are you:

- Male
- Female

8) What is your age?

- <18 years
- 18-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- ≥ 55 years

9) What is your ethnicity?

- Hispanic or Latino
- Not Hispanic or Latino

What is your race? (Check all that apply. Click here for [definitions](#).)

- American Indian or Alaska native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

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